

Wrangell Service Delivery & Health Facility Plan



Final Report: August 4, 2006

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Purpose

NBBJ was contracted by the Alaska Native Tribal Health Consortium (ANTHC) and the Denali Commission in the spring of 2006 to complete a Service Delivery and Health Facility Space Plan for the Wrangell-Alaska Region based on provider surveys, space analysis and facility assessments. The purpose of the study was to identify service gaps that exist in the provision of healthcare services in the Wrangell Region and subsequently, to provide recommendations for facility improvements that will allow healthcare services to be sufficiently provided for the community. In addition to individual interviews and written surveys that were received from the healthcare providers, the process sought to gather additional input from regional stakeholders and providers over 3 regional meetings conducted in Wrangell. As a result, the analysis contained within this report reflects a consensus of how well the current providers are meeting the needs of the communities they serve, as well as an understanding of the facility needs of Wrangell over the next decade.

NBBJ was tasked specifically with developing the following as part of this work effort:

1. A description of the existing service delivery model by provider and community
2. Identification of gaps in services
3. Identification of proposed, sustainable, expanded services that minimizing duplication
4. Developing a health strategy that translates proposed service needs in to facility needs
5. Participating in milestone meetings in Wrangell
6. A review of provider surveys in correlation with facility assessments conducted by ANTHC
7. Identification of architectural and health service space program to include:
 - a. Square footage and costs for primary care space
 - b. Square footage and costs for additional hospital space

Process

The following outlines the approach and process undertaken by NBBJ to develop the Wrangell Service Delivery & Health Facility Plan:

- Analysis of the demographics of the region to aid in planning for future populations
- Provider interviews and site visits to assess the current conditions and fully understand the health care delivery system in Wrangell
- An assessment of surveys completed by the 2 main providers within this region
- Regional planning meetings facilitating group discussions about health care service and facility gaps in the region
- Analysis of service and facility gaps as they relate to:
 - Primary care;
 - Elder care;
 - Behavioral health care
- Development of an architectural space program and costs for health care facility improvements within the region
- Meetings with ANTHC to discuss development strategies and associated costs

Healthcare Service Delivery



Picture of Wrangell obtained from the Chamber of Commerce website

Demographic & Regional Overview

Wrangell is a small community of ~2,000 people located on Alaska's Inside Passage between the community of Petersburg to the north and Prince of Wales (POW) Island to the southwest. Included in the health care service area for Wrangell are the communities of Point Baker, Port Protection, Coffman Cove, Whale Pass, Naukati and Edna bay; located on the north-end of the POW Island and ranging in size from 35-199 people. As Wrangell's economy has shifted away from primarily timber milling, the population has decreased by 23% to approximately 2000 people over the last decade. The State of Alaska also projects that there will be a further decline of about 13%, bringing the total population to an estimated 1,750 people by 2015. The out-migration from Wrangell is typical of many small communities located remotely in Alaska. State projections show increases in the bigger metropolitan areas like Anchorage as populations of these remote communities continue to decline. For Wrangell, the impact of this shift in population will especially affect the healthcare system as the rate of the elderly population is showing significant increases in the coming years and therefore, additional healthcare services will be needed to support this population group. Further, as the economy has shifted, the health system has become a substantial employer for the workforce of Wrangell. As the population group aged 24-54 continues to decline, the ability to find staffing for providing needed services may become a challenge in the future.

Providers of Health Care in Wrangell

Currently, there are two main providers of health care in the Wrangell service area providing varying levels of care to the residents of Wrangell and some northern POW communities where outreach services are occasionally delivered. The two providers have complimentary services. Wrangell Medical Center (WMC) provides mainly in-patient acute care, long term care (LTC), and emergency care, while Alaska Island Community Services (AICS) provides outpatient care including primary care clinics and behavioral health services to the residents of Wrangell and the POW Islands. It should be noted that the POW communities are serviced mainly through an outreach program where AICS physicians provide itinerant primary care services on a monthly or bi-monthly basis. Currently, the two providers are inter-dependent. AICS leases primary care clinic space from WMC and additionally, the staff physicians employed by AICS are on-call for the in-patient units and emergency care at WMC, making co-location or adjacencies of the two provider's ideal in the future.

1. Wrangell Medical Center – Critical Access Hospital

Services

- Federally qualified critical access hospital
- Visiting physicians (sub-specialty clinics)
- Emergency room/trauma
- In-patient acute care unit
- Long term care unit
- Radiology
- Lab
- Physical therapy

2. Alaska Island Community Services – 330 Community Health Center

Services

- 330 community health clinic
- Behavioral services
- Primary care clinics
- Elder care services
- Disability services
- Outreach
- Youth psychosocial rehabilitation

3. Other Service Providers-

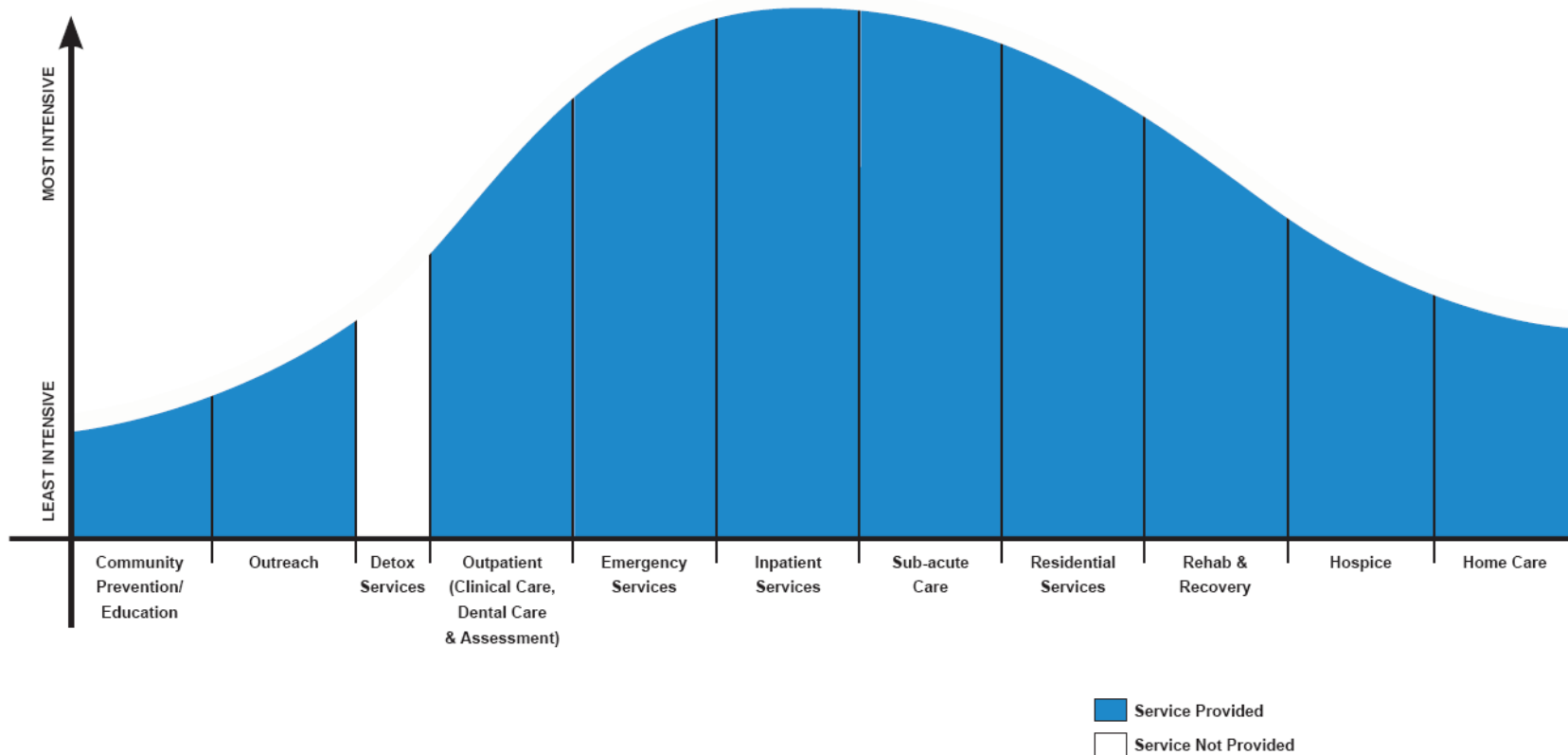
- Other elder care services
- Dental services
- Rehab services
- Pharmacy services

Service Provision

NBBJ's initial visit to Wrangell included individual interviews and facility tours with WMC and AICS administrators in order to better understand the opportunities and challenges facing healthcare service delivery in Wrangell and subsequently, identify where significant gaps may exist in healthcare service delivery to help inform facility recommendations for the future.

To gain an understanding of the health care system in Wrangell, it was important to decipher the range of service provision currently being offered and then uncover how well each of the services within a full continuum of care is being met by the providers. The following graphic depicts the continuum of care showing a full array of possible healthcare services that can be provided. The vertical axis conceptually displays the level of intensity for the services shown. For example, inpatient services are the most intensive, requiring the most intensive staffing and the most highly regulated facilities. The horizontal axis shows the progression of services as one moves through the health care system. Of the services present in the region, some levels of service may be appropriate and some may be lacking.

WRANGELL HEALTH SERVICES CONTINUUM OF CARE



Wide array of services for a small community!

As the preceding chart denotes, only detox is not currently available through the existing health care system in Wrangell. For such a small community, the array of services that is provided to the community is commendable. However, the chart should be understood in context. Though many services are provided as denoted by the blue shaded portions of the graph, deficiencies may exist either in the usage rates, necessary staffing, access to care, or the quality of the physical space in which the services are being provided. In general, the analysis revealed that the biggest deficiencies in the provision of healthcare services in Wrangell are facilities that fall short of meeting the needs of users and do not function optimally for healthcare service delivery. Consequently, both providers have a set of different issues regarding their ability to adequately meet the needs of their staff and users given the quality and size of their current facilities. Also, as the needs of the population change over time, the ability to respond to these needs will be key to the success of the health care providers in the future.

Except for primary care where usage rates seem to fall below what is typical in the state and country, most of the other health care services seem to be very well utilized. When primary care utilization rates are benchmarked against state and national equivalents for healthcare delivery, Wrangell and POW usage rates are well below the benchmark averages. For example, the average number of clinic visits per person per year for the state is 3.7, while for the country it is 3.8. In comparison, Wrangell's population utilizes primary care services at an average rate of about 3 visits, while the POW communities average less than once a year per person. Applying the 3.7 usage rate to the Wrangell population shows a gap in service of about 1,300 visits. Additionally, high usage rates for emergency care services were recorded for WMC. This could indicate that individuals either were not able to see a primary care physician when they needed and so utilized the ER instead, or that the lack of insurance coverage for some may lead them to wait till they have serious problems before they see a physician, resulting in higher than average visits to the ER. In response, AICS has recently hired an additional physician which may increase access to primary care services and utilization. However, it should be noted that there are people that willingly choose to receive primary care outside of Wrangell and even though those numbers could not be verified, those individuals will likely not be captured with increased staff resources.

Currently, many of the communities on the northern POW islands served by AICS range do not have dedicated space for healthcare provision which limits the ability for care to be provided. During the compilation of this analysis, an inter-island ferry was introduced, providing services from POW to Wrangell. The effect of this new service has not been quantified, but is expected to provide better access to healthcare for the residents of the POW communities which may increase primary care usage rates.

In contrast to primary care utilization, behavioral health and substance abuse service utilization is very high in Wrangell. Incident rates for substance abusers (using guidelines provided by the State of Alaska Dept. of Health & Social Services) shows lower rates than the actual rates recorded by AICS. This is also true of behavioral health utilization. High usage rates for substance abuse programs suggest that access to additional services in the SE region, like in-patient detox are needed to meet the needs of the community. Currently, in the South-East region of Alaska (SE Alaska), detox services are in limited supply. Whereas, providing this service in Wrangell may not be feasible, access to detox services for Wrangell residents as well as for the whole of SE Alaska region is needed.

This analysis also uncovered an increasing need for elder care service provision as the population ages. Most apparent is the need for better programs and facilities for long term care services. Incident rates for nursing homes when applied to the existing and projected population of Wrangell, suggests that the number of existing beds currently meets demand and an additional bed may be needed in the future. However, the current space and configuration of the LTC unit at WMC is inadequate when compared to modern standards. The predominantly double-bed rooms feel very institutional and community rooms, activity spaces and family visitation areas are limited. It is expected that the significant increases in the elderly population will also create needs on residential and in-home services which are currently provided through a number of different providers. Again, as in the case of primary care provision, access to these services by residents of the POW islands often proves challenging.

Finally, for both providers, their facilities are deficient. The original WMC facility was built in 1968 and has adapted to changing usages with various expansion projects over the years. Certain spaces have become obsolete, others have awkward layouts, and in general support spaces are deficient or non-existent. The facility assessment conducted by ANTHC also revealed that electrical and mechanical systems upgrades are needed. With current volumes, an additional 11,000 square feet of total building space is needed in order to bring the hospital up to 'par' standards.

For AICS, operating their services out of 3 different facilities is a challenge. The primary care clinic currently leases space from WMC and is too small for current clinic volumes. In addition, the behavioral health and administrative functions of AICS occupy a space that was designed solely for behavioral health services. The elder care and outdoor psychosocial rehabilitation services operate in a building donated to AICS that suffers from a number of deficiencies. Resources would better be spent if the services were to be provided in a new facility rather than renovating the existing building. In general, new facilities would allow both providers to adequately meet the needs of the community in the future.

Summary of Observations

Continuum of Care

1. Wellness & Education

- Wellness and Educational Program should be a focus for all providers including public health nurse
- Active participation within the schools in the area is key. It was determined that the school system would benefit from a dedicated nurse
- State-wide initiative, 'Healthy Alaskans 2010', would be an important model for the public health nurse to initiate

2.. Outreach

- Additional service needs for POW islands to be assessed in more detail
- Ferry impact should be observed
- Increased visits by physicians may be needed as well as dedicated health care facilities in those communities

3. Detox

- Service may not be appropriate for Wrangell. Need for inpatient medical detox in SE Alaska
- Need for day treatment and crisis beds also.

4. Outpatient Primary Care

- Additional physician needed for AICS to meet service gap (new physician started in June)
- Facility upgrades needed to allow clinics to function better

5. Emergency Medical Services (EMS)

- High volumes recorded per 1,000 population
- An additional shared procedure room at WMC may help meet needs
- Facility upgrades for the ER needed at WMC to allow better functionality

6. In-patient/Sub-acute Care

Acute care

- No additional beds needed

Long term care-

- Beds adequate for current demand. (May need 1 added bed in the future)
- Facility upgrades and support spaces needed

7. Residential Services

- 10 assisted living beds available in community
- Other alternatives to nursing homes need to be provided to meet needs of growing population group
- Additional funding and/or staff may be needed to provide these services

8. Rehab & recovery

- Current facilities inadequate
- Facility upgrades needed at WMC to allow better functionality

9. Hospice

- Program provided through volunteer group

10. Home Care & Support

- In home services currently provided by AICS, only 50% is being served
- Service gap exists

Space Summary

The following provides a summary of projected needs and facility improvements for the 2 main providers to allow for the provision of adequate healthcare services.

1. WMC – Without growth in any departments, an addition of 11,000 bgsf is needed for the hospital to be at 'par' with industry guidelines. New facility and renovation options were studied to provide an understanding of cost benefits for each scenario. New facility construction is recommended.

SPACE NEEDS	Existing	Needs	Difference
Inpatient Beds	6,450	11,600	-5,150
OR's & Support	1,500	1,400	100
Imaging & Lab	1,380	2,200	-820
Emergency Dept	350	1,100	-750
Outpatient Clinics/Visiting Physicians	480	1,350	-870
Support, Admin and Other Spaces	7,500	8,200	-700
Sub total DGSF	17,660	25,850	-8,190
TOTAL BGSF	23,800	34,900	-11,100

2. AICS – Additional 7,000 bgsf needed for all AICS services*. Provide new space for primary care clinic, behavioral health services, and elder & disability services. Co-locating these services at one facility adjacent to the hospital is recommended. Renovate existing behavioral health space for Crossings program.

SPACE NEEDS	Existing	Needs	Difference
Primary Care Clinic	3,000	5,500	-2,500
Behavioral Health & Social Services	2,500	4,600	-2,100
Senior & Disability Offices	570	1,500	-930
Alaska Crossings Outdoors Program	1,500	2,600	-1,100
TOTAL BGSF	7,570	14,200	-6,630

*excludes non-office space for Crossings program

Note: BGSF – building gross square feet

DGSF – department gross square feet

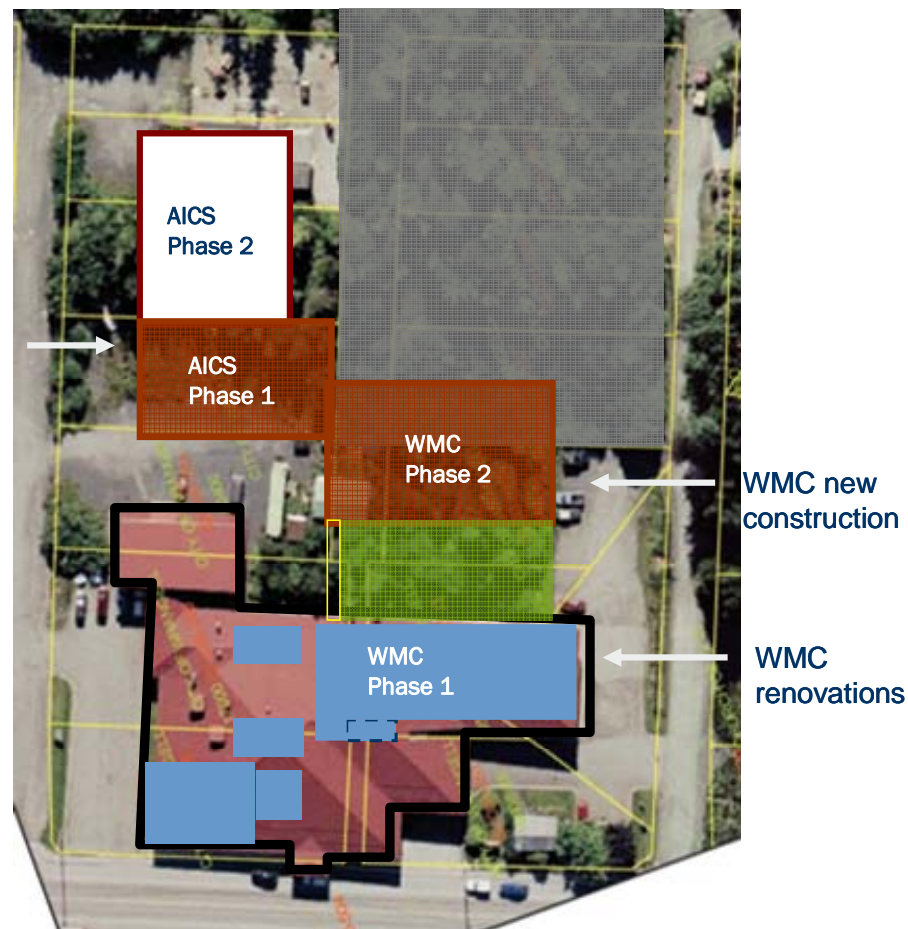
Development Scenarios & Costs

The preceding space summary was used as a guideline to explore development options for both providers. Strategies for new construction as well as renovating/adding on to existing facilities were developed with associated costs in order to allow the providers to understand the magnitude and costs of different construction approaches for facility improvements needed.

1. Renovation Scenario

An example of strategy for development

AICS new
phased facility



NBBJ explored a phased approach for both providers that would allow them to partly renovate some of their existing buildings, as well as build new program spaces at the existing WMC site. It was determined that a solution that would position both providers proximate to each other would be ideal. While this scenario was able to accomplish that, phasing and operating the existing hospital during the construction time will be a challenge.

Wrangell Medical Center

Phase 1 (renovations)

- Focus on expanded space for LTC
- Provide additional procedure room for ED
- Move admin or specialty clinics to existing AICS clinic location
- New mechanical systems

Phase 2 (build new)

- New building for admin or specialty clinic and support

AICS

Phase 1 (build new)

- Primary Care Clinic

Phase 2 (renovations and addition)

- BH, Admin & Elder/Disability Services
- Renovate current BH building - Crossings occupies current BH Space with staging, some storage and group activity space on lower floor

PROS

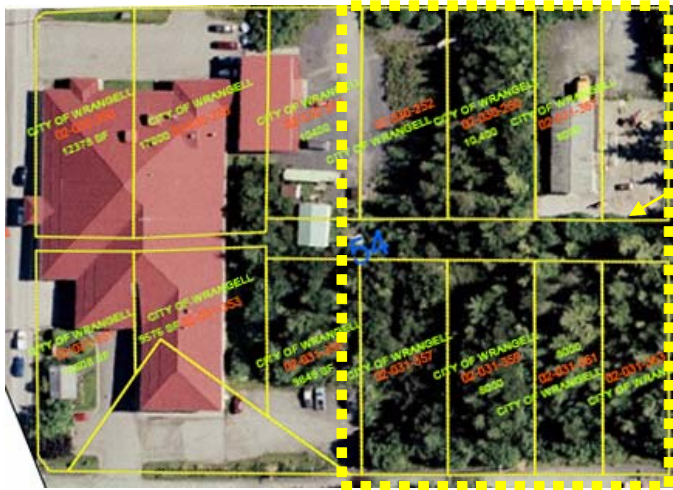
1. No acquisition of land needed
2. Increased collaboration for various services

CONS

1. Phasing requires interdependency of both groups
2. Additional development timeline might impact costs
3. Disruption of existing services during renovations

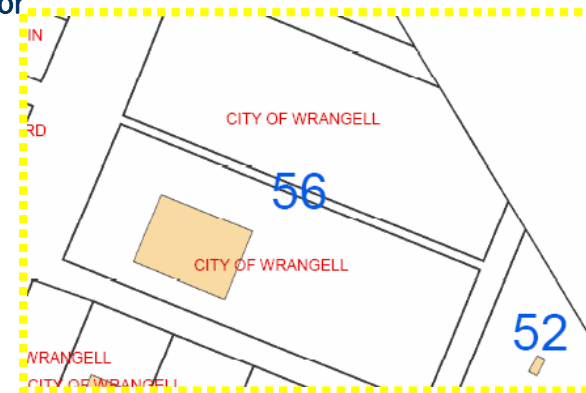
2. New Construction Scenario (Existing or New site)

Two scenarios with associated costs were developed that would allow both providers to build all new facilities either on the existing WMC site or on a new site. It was determined that development of comprehensive new facilities for both providers is possible on WMC's existing lot. However, though adequate land area is available behind the existing hospital for new facility construction, the set back from the street would not be an optimal solution for development. In addition, due to muskeg bog issues present at the existing site, new construction would come at a premium. As a result, new sites were explored for development. This option offered the least complexities with disruptions to the current services during construction. Both providers are in the process of exploring sites in Wrangell large enough for constructing their various facilities.



Existing site

Additional available site for development ~1.5 acres (total site is ~3.5 acres)



Selected site should be comparable in size to the existing site

New Site

Existing site

PROS

1. Consolidated health care services on one site
2. Increased collaboration for various services
3. No move needed, existing location familiar to residents
4. Facility development can occur independently for each org.

CONS

1. High development costs
2. Joint master plan needed for co-locating on one site
3. Premium for soil conditions
4. Added demolition costs for existing facility
5. Resolve lease terms and land costs for AICS

New Site

PROS

1. Consolidated health care services on one site
2. Increased collaboration for various services
3. Facility development can occur independently for each org.
4. All needs met in a single step with minimal construction disruptions to existing services
5. Sale of existing assets could offset costs

CONS

1. High development costs
2. Land acquisition may be costly and challenging
3. New sites being explored are far away and might be isolated from the City

Costs

The chart below provides a comparison of renovated versus new construction costs for the scenarios explored.

	Area	U/M	Today's Unit Cost	Construction Cost Today	Construction Cost Start Date	Total Project Cost Start Date
SCENARIOS						
Wrangell Medical Center - Scenario 1 (New Site)	35,234	GSF	\$579	\$20,390,000	\$23,783,000	\$37,426,000
Wrangell Medical Center - Scenario 2 (Existing Site)	35,234	GSF	\$591	\$20,810,000	\$24,273,000	\$38,560,000
Wrangell Medical Center - Scenario 3 (Renovate & Add to Existing Site)	36,500	GSF	\$413	\$15,083,000	\$18,299,000	\$30,498,000
Alaska Island Community Clinic - Scenario 1 (New Site)	14,600	GSF	\$453	\$6,618,000	\$7,719,000	\$12,209,000
Alaska Island Community Clinic - Scenario 2 (Existing Sites)	14,600	GSF	\$432	\$6,307,000	\$7,878,000	\$12,520,000

Notes and Assumptions:

This estimate assumes a rate of escalation at 8%/year to a construction start date of June 2008, and following that date, a rate of escalation at 6%/year to a construction start date of June 2010.

When the construction costs for developing all new facilities were compared with the renovation options, the cost differences were very minimal. For WMC, the estimated cost of a new facility with a construction start data in 2008 is \$38.6 million, while the renovation/addition option explored cost \$30.5million and would add an additional 2 years to the timeline. For AICS, costs for all new construction are estimated at \$12.2 million, while the phased option would be \$300,000 more because of the additional time added to the schedule.

Outcomes and Next Steps

- This study determined that the current health care service provision in Wrangell is very comprehensive given the size of the community. However, adequate facilities are needed to meet the service needs of the providers now and in the future.
- Partnerships between AICS outpatient substance abuse program and any inpatient detox services available in SE Alaska is encouraged.
- It was clear that both service providers have complementary roles and that close proximities would be ideal in the development of new health care facilities in Wrangell.
- All participants were in agreement about the Wrangell service needs assessment developed. Both providers agreed to collaborate in moving forward with providing new facilities for their services.
- A master plan for facility and site development on the existing WMC site was recommended as a next step. In addition, further investigation into the level of facility funding that can be received through the Denali commission and other agencies needs to be assessed.

Meeting Attendees: Wrangell Service Delivery and Health Facility Plan

Regional Meeting #1
Tuesday, April 18, 2006

<u>Name</u>	<u>Organization</u>
1 Brian Gilbert	WMC
2 Mark Walker	AICS
3 Carly Allen	AICS
4 Rinda Howell	WPHC
5 Dave McCandles	AICS
6 Alice Rooney	AICS
7 Steve Helgeson	AICS
8 Lovey Brock	SEARHC
9 Peter Rice	Ketchikan General Hospital
10 Mark Goreman	SEARHC
11 Paul Morrison	ANTHC - DEHE
12 Allen Bollinger	ANTHC
13 Nnenna Emenyonu	NBBJ
14 Terrie Martin	NBBJ

Regional Meeting #2
Thursday, June 01, 2006

	<u>Name</u>	<u>Organization</u>
1	Dave McCandless	AICS
2	Christine Guth	AICS intern
3	Mark Walker	AICS
4	Alice Rooney	AICS
5	Steve Hegleson	AICS
6	Carly Allen	AICS
7	Paul Morrison	ANTHC- DEHE
8	Denali Daniels	Denali Commission
9	Mark Millard	Dept of Health & Social Services
10	Pat Branco	Ketchikan General Hospital
11	Janet Strohm	Public Health Nursing
12	Sylvia Severson	Public Health Nursing
13	Lovina Brock	SEARHC
14	Jayne Andreen	State of Alaska Health Promotion
15	Keith Perkins	USDA
16	Brian Gilbert	Wrangell Medical Center
17	Terrie Martin	NBBJ
18	Nnenna Emenyonu	NBBJ
19	Gene Kane (teleconference)	USDA

Regional Meeting #2
Tuesday, July 11, 2006

<u>Name</u>	<u>Organization</u>
1 Valerie McCandless	Mayor of Wrangell
2 Kimberly Powell	Wrangel Public Schools
3 Robert Plunella	Wrangell City Manager
4 Sylvia Geraghty	AICS Board
5 Mark Walker	AICS
6 Mark Goreman	SEARHC
7 Alice Rooney	AICS
8 Steve Hegleson	AICS
9 Carly Allen	AICS
10 Paul Morrison	ANTHC- DEHE
11 Mark Millard	Dept of Health & Social Services
12 Janet Strohm	Public Health Nursing
13 Sylvia Severson	Public Health Nursing
14 Brian Gilbert	Wrangell Medical Center
15 Terrie Martin	NBBJ
16 Nnenna Emenyonu	NBBJ
17 Mary McRae Miller	Alaska Funding Exchange
18 Carol Rushmore	Wrangell City Planning
19 Denali Daniels (teleconference)	Denali Commission
20 Merlaine Kruse (teleconference)	USDA
21 Gener Kane (teleconference)	USDA

CURRENT SERVICE DELIVERY

FUTURE STRATEGIES

Final Presentation July 11, 2006

Agenda

Introductions

Study purpose and schedule

Over view of first two meetings

- Demographics

- Continuum of care description

- Facility tours & interviews

Service & facility gaps

Future space needs

Development scenarios & Costs

Next steps

Study Purpose

Identify sustainable improvements for service delivery and facilities for the region

Identify future facility space needs and capital costs to include:

- Wrangell Medical Center

- Alaska Island Community Services

- Other unmet needs

Study Purpose

Communities included in assessment

1. Wrangell

2. Northern POW Island

Coffman Cove

Naukati

Point Baker

Port Protection

Edna Bay

Whale Pass



< 100 people



Wrangell Service Delivery & Regional Health Plan - Communities & Population



Study Process

Demographic analysis

Facility Assessment

- Physical

- Functional

Provider utilization questionnaires

Regional Needs Assessment

Identify service gaps

Space recommendations

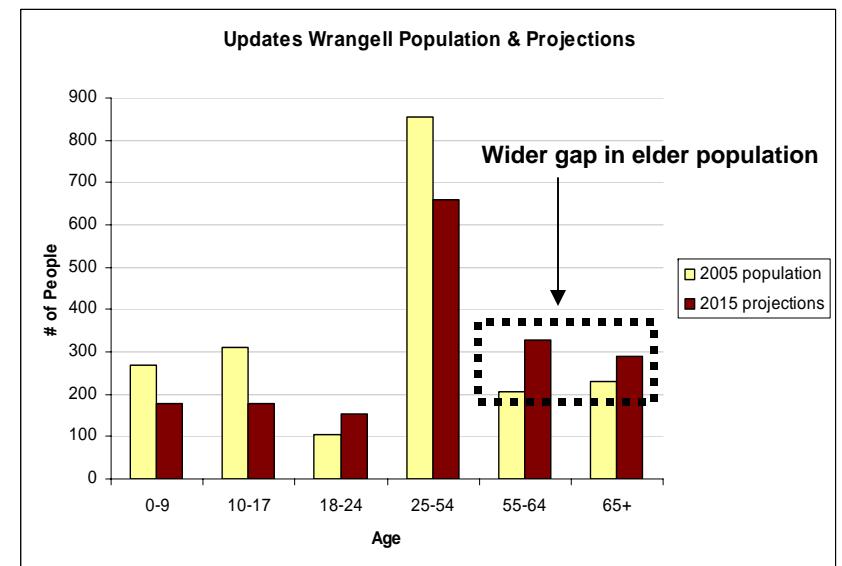
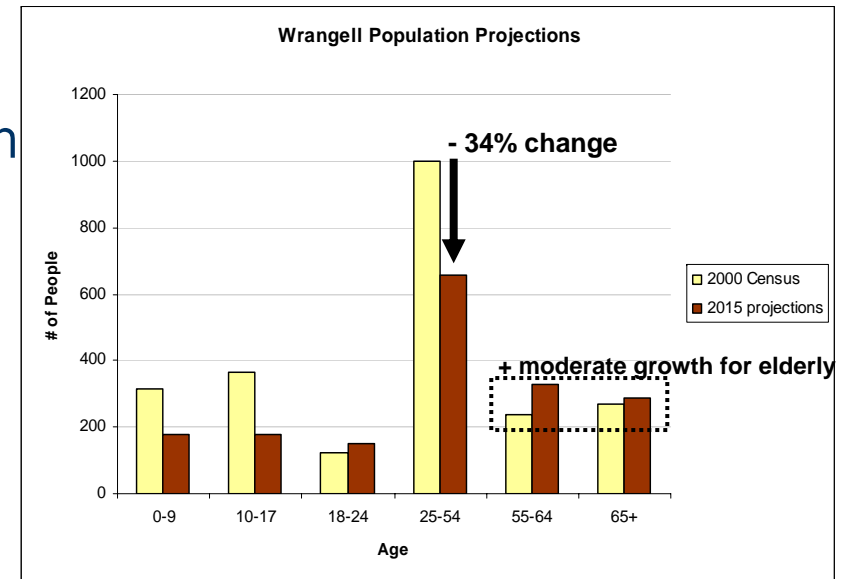
Development scenarios

Cost Estimates

Demographics

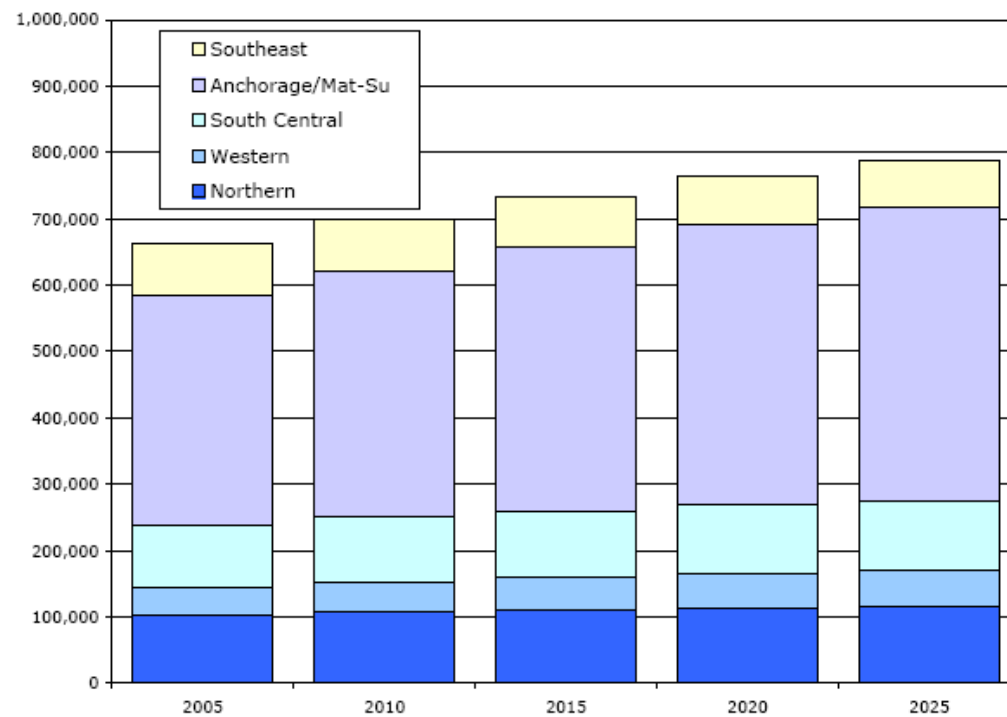
Continued decrease in population projected

Growing elderly population,
decreasing workforce
will impact health care delivery
and service needs



Demographics

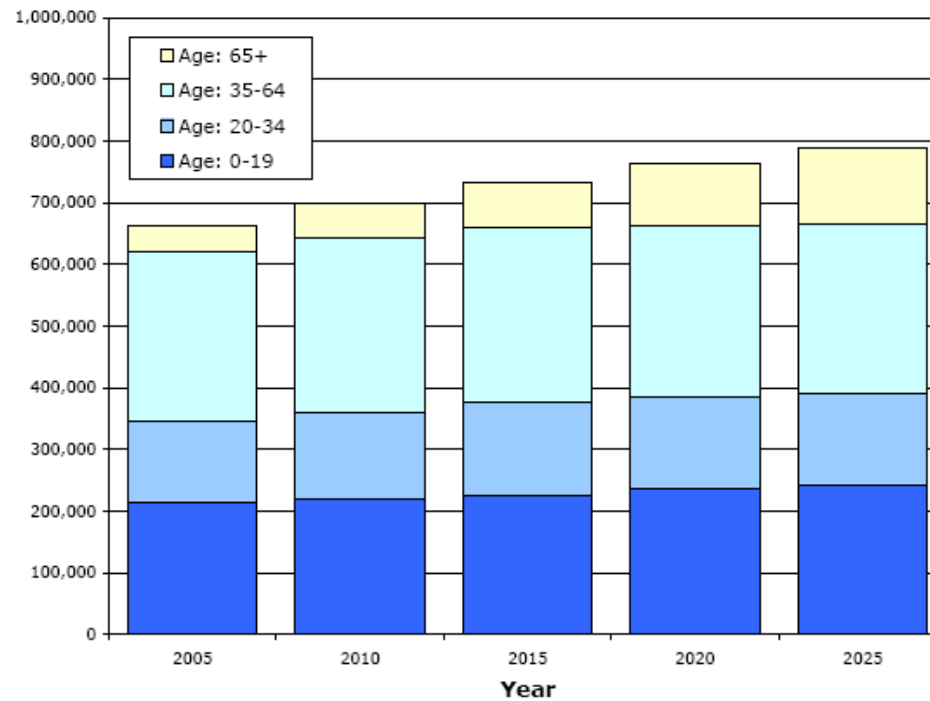
Figure 6: Alaska Population Forecast by Region, Selected Years



Source: Lewin Group & ECONorthwest analysis of U.S. Census and Alaska Department of Labor and Workforce Development data.

Demographics

Figure 7: Alaska Population Forecast by Age Cohort, Selective Years



Source: Lewin Group & ECONorthwest analysis of U.S. Census and Alaska Department of Labor and Workforce Development data.

Following national trends, Figure 7 shows that while population growth in the younger age cohorts is expected to be low through the forecast period, the 65 and older population is projected to grow rapidly, almost tripling from 43,000 to 124,000 between 2005 and

Demographics

Workforce Challenges Remote community

Existing staff aging

Growth Opportunities

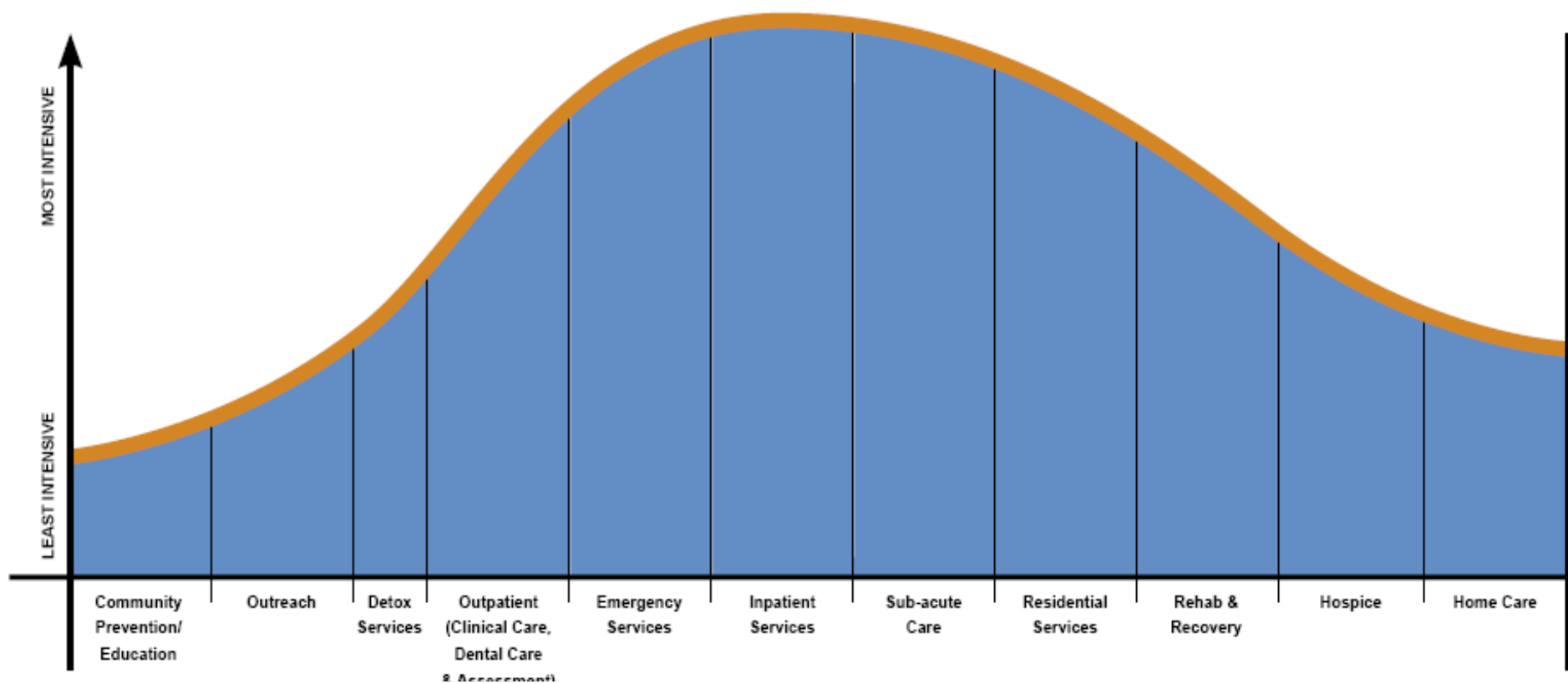
Impacts of new ferry route uncertain

Anticipated growth in clinic and hospital volumes?



Service Delivery

CONTINUUM OF CARE



Service Delivery

Existing Health Care Providers

1. Wrangell Medical Center – Critical Access Hospital
2. Alaska Island Community Services – 330 Community Health Center
3. Smaller Service Providers-
 - Other elder care services
 - Dental services
 - Rehab services
 - Pharmacy services

Service Delivery

Wrangell Medical Center

Services

Federally qualified critical access hospital

Visiting physicians (sub-specialty clinics)

Emergency room/trauma

In-patient unit

Long term care unit

Radiology

Lab

Physical therapy

WMC

Primary Care

Emergency
Care

Long-term Care

Acute Care

Service Delivery

Wrangell Medical Center

Staffing

10.6 RNs

3 Lab technicians

1.8 Radiology staff

10 Admin staff

Patient Volumes

1000 emergency visits a year

1775 sub-specialty care clinic visits a year

1500 plain film, 390 ultra sound, 250 mammograms

141 minor surgical procedures per year

Service Delivery

Wrangell Medical Center

In Patient Volumes

	Acute Care	LTC
# beds	8	14
Admits	168	16
Patient Days	412	2914
Average Length of Stay	2	182

Service Delivery

Wrangell Medical Center

Facilities

Built in 1968, extended care beds added in 1975,
renovations & clinic addition in 1989

Building has adapted to changing functions over the years

Aging facility with aging infrastructure

Opportunities

Financial health depends on long term care volume

Could increase long term care capacity if assisted living
services were available in community

Service & Facility Gaps

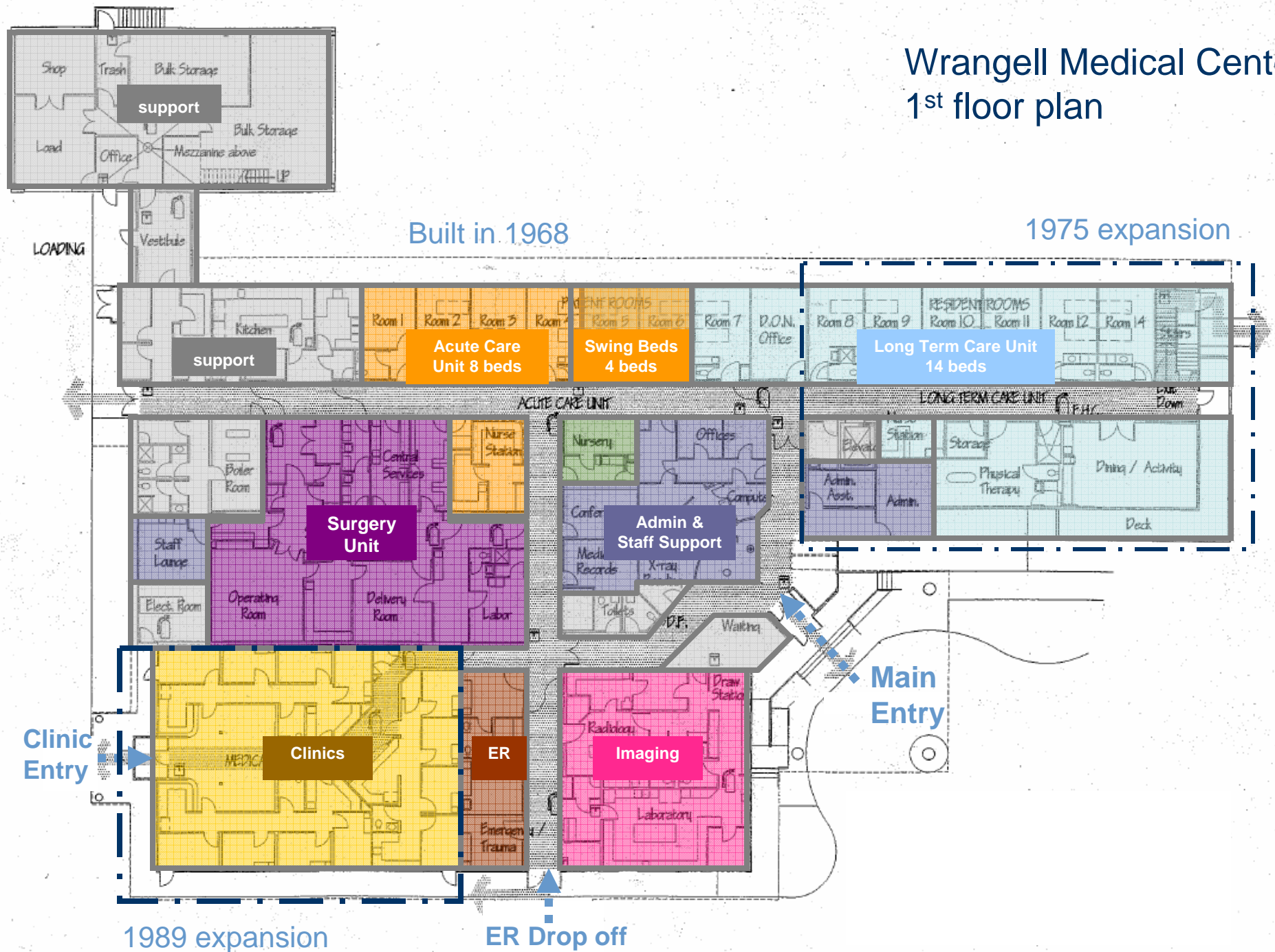
Wrangell Medical Center

Facility tours and interviews revealed challenges

Needs have changed over time

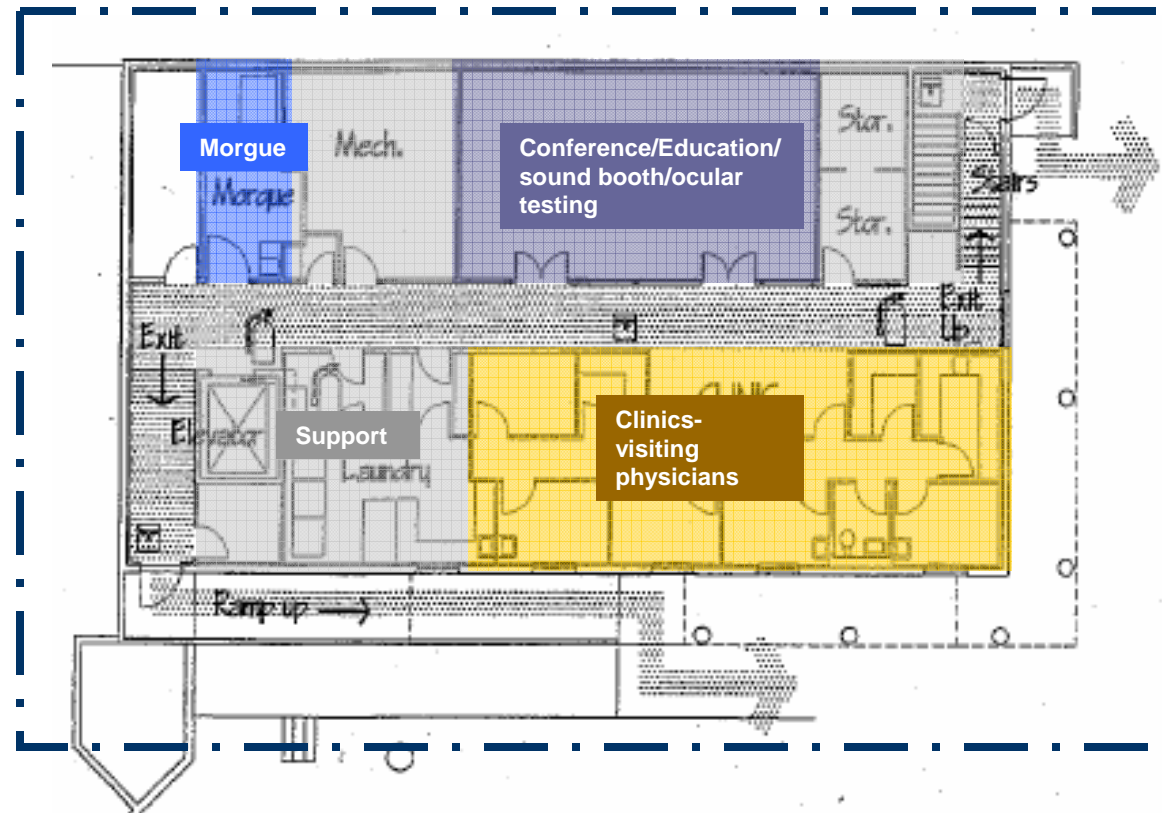
Spaces need to be reconfigured for current use

Wrangell Medical Center 1st floor plan



Wrangell Medical Center Basement floor plan

1975 expansion

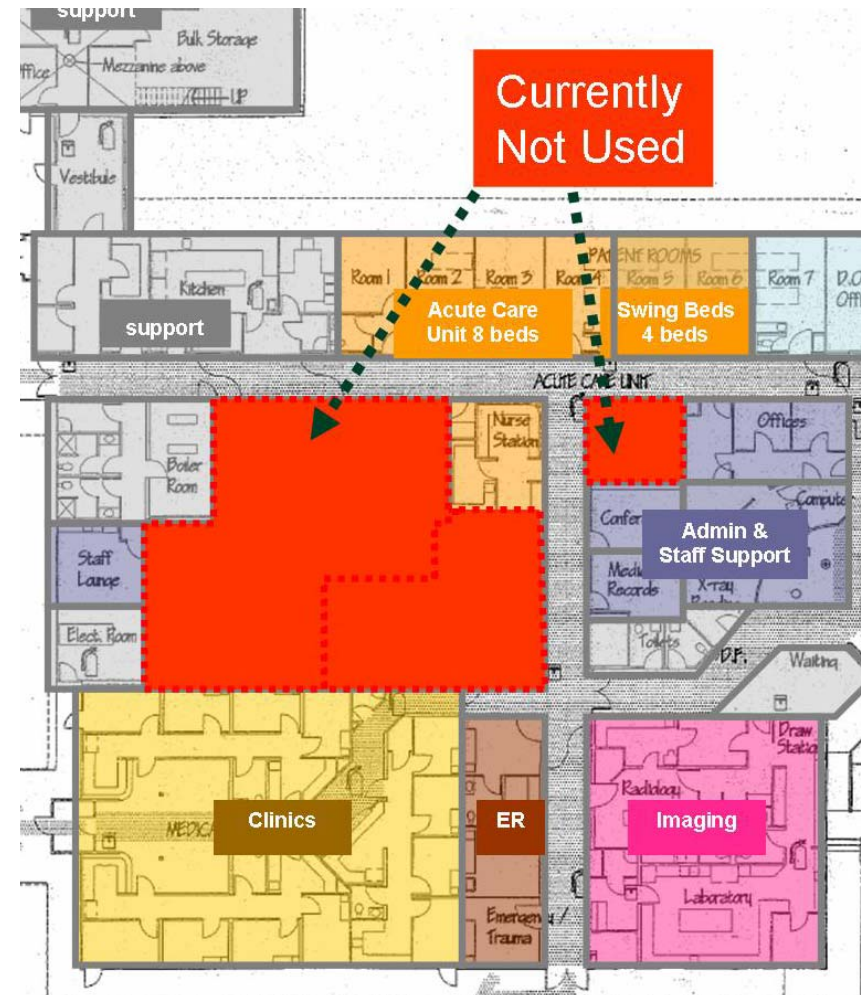


Service & Facility Gaps

**Hospital has adapted to
changing usage**

OR's underutilized

Delivery & nursery not used



Service & Facility Gaps

Missing spaces

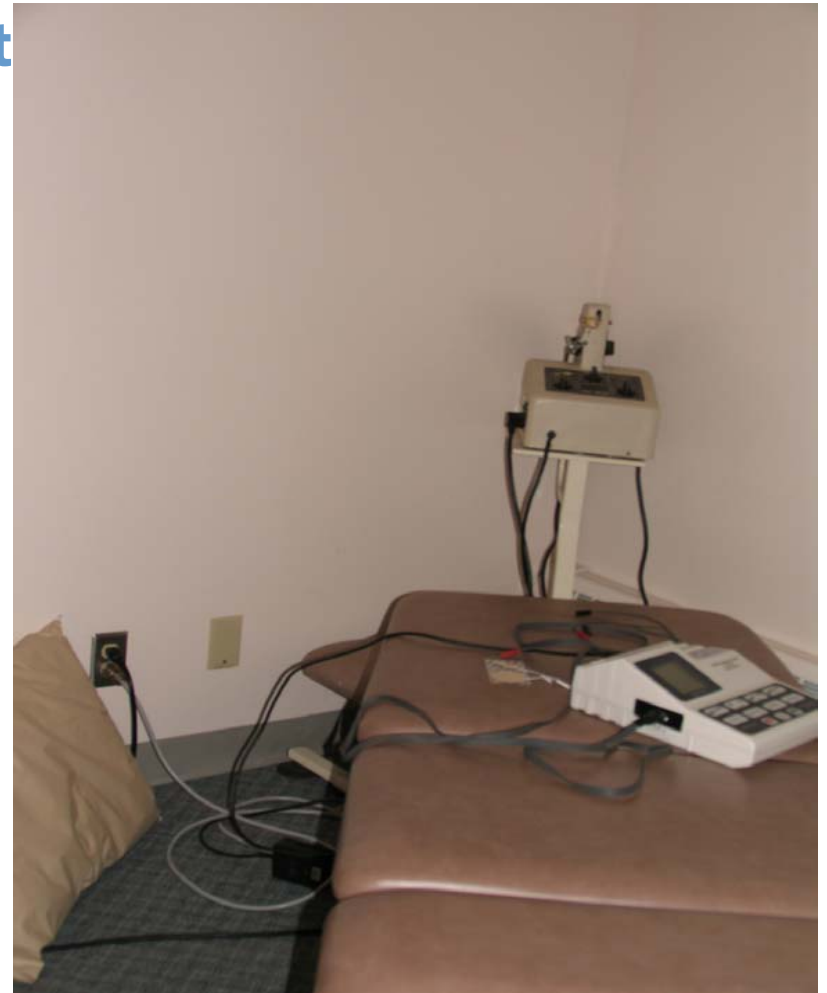
Conference, eye testing & sound booth in one room



Service & Facility Gaps

Many spaces sized too small to support current functions

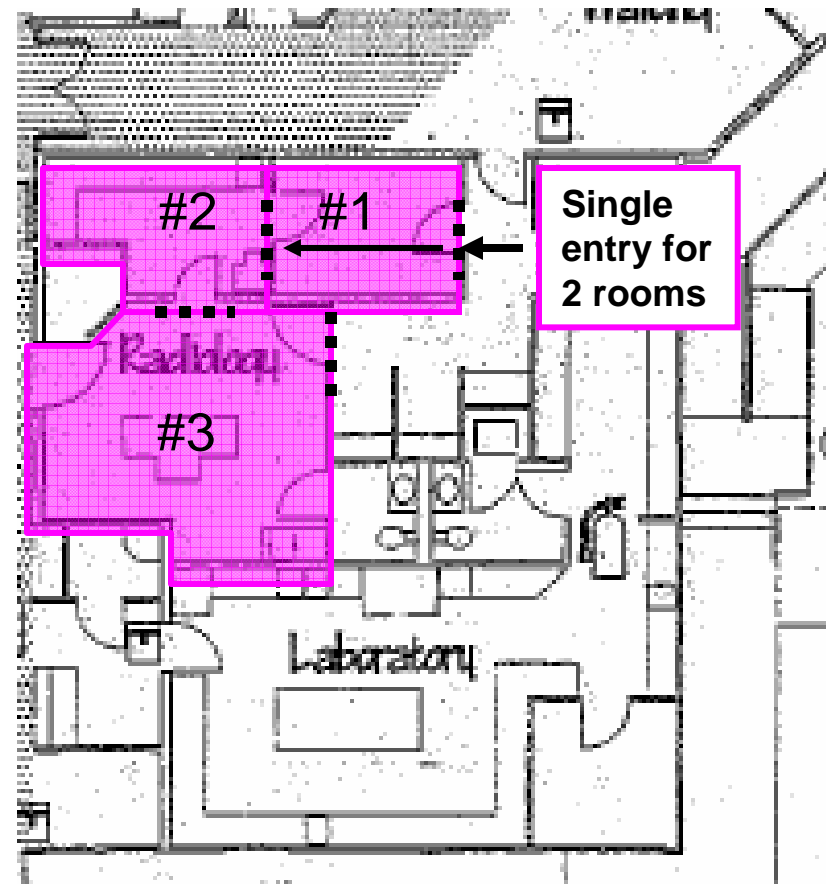
Physical therapy in a 'coat closet' size room



Service & Facility Gaps

Functional layout not optimal

Imaging rooms have poor access



Service & Facility Gaps

Long term care facilities sub-optimal

Inadequate space for families

Inadequate day room/dining

Double rooms

Institutional feel

Nursing unit is economic driver

Great In-Patient Long Term Care Trends







Wrangell Health Facility Assessments

City of Wrangell

Wrangell Medical Center (WMC)

Alaska Island Community Services (AICS)

Primary Care Clinic

Wrangell Mental Health Services Building

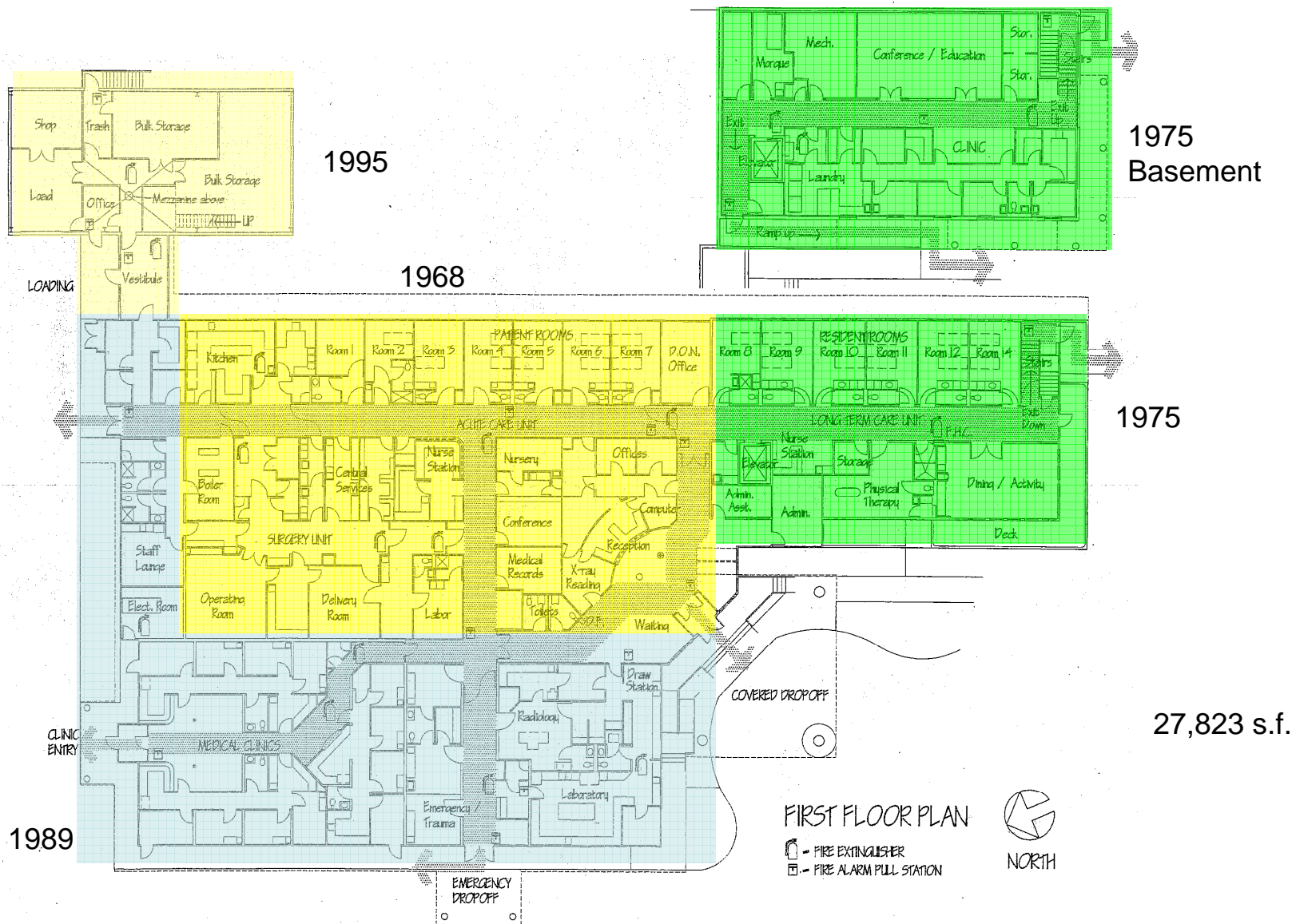
Manda Building

Crossings Supply Barn

WMC Facility Assessment



WMC Facility Assessment (con't)



WMC Facility Assessment (con't)

Maintenance of the facility is good however everything is getting old and increasingly difficult to work on

Significant issues:

- Building on pilings and experiences differential settlement (uneven floors)

- Many of the building systems old and beyond their useful life

- Architectural finishes such as walls, floors, door hardware not compliant with current standards. Patient rooms and bathrooms don't meet many of the ADA requirements.

- Plumbing systems failing and poorly laid out causing interruption in services

- Medical gas systems not properly piped

- Ventilation system inadequate. Heating control outdated and will become more difficult to find replacement parts for

- Numerous electrical fixtures not properly wired.

WMC Facility Assessment (con't)

Assets:

- Facility is located on a lot that is large enough to allow expansion or replacement of the existing facility

- Large interstitial space between the old roof and new roof allows for the easy installation of heating, ventilation, plumbing and electrical systems for remodeling the existing space

- Crawl space under the floors makes it easier to replace drainage systems

Service Delivery

Alaska Island Community Services

Services

330 community health clinic

Behavioral services

Primary care clinics

Elder care services

Disability services

Outreach

Youth psychosocial rehabilitation

AICS

Primary Care

Behavioral
Health Care

Mental Health

Outreach &
Community Care

Service Delivery

Alaska Island Community Services

Staffing

Primary Care- 3 med assistants, 1 PA, 2 physicians, 1 pharmacy tech,
1 case manager, 8 admin

Behavioral Health- 5 therapists, 1 psychiatrist, 1 case manager, 5
behavioral technicians, 8 admin

Youth wilderness program- 1 therapist, 1 case manager, 15
wilderness guides, 6 admin

Patient Volumes

6000 primary care visits a year

+ 150 primary care visits (POW islands)

3850 behavioral health visits a year

30 enrolled for senior services

Wilderness kids

Service Delivery

Alaska Island Community Services

Facilities

Three main facilities* providing an array of health and social services:

1. Behavioral health and social services
2. Primary care clinics
3. Eldercare and disability services; Alaska Crossings

Finished facilities generally undersized

Unfinished facilities vary in condition and functional adequacy

* Does not include warehouse for Crossings program equipment/staging

Service Delivery

Alaska Island Community Services

Opportunities

Continued collaboration efforts yield improved service delivery

Single location for service providers will allow integration of primary care with behavioral health and elder care

Single location will also promote operational efficiencies

Service & Facility Gaps

Alaska Island Community Services

Facility tours and interviews revealed challenges

Multiple service provisions provided in 3 separate facilities

Current spaces not designed for healthcare use

Service & Facility Gaps

Alaska Island Community Services

Operational Issues

- Programs and services spread over 4 locations

- MD Recruitment a challenge

- Configuration and layout of clinic is not optimal

- Clinic spaces undersized/not available:

 - Exam rooms

 - Procedure room

 - Storage

 - Administrative space

Service & Facility Gaps

Primary Care Clinic

Configuration and layout of clinic is not optimal

Some clinic spaces undersized

Support spaces not available



AICS Primary Care Clinic Facility Assessment

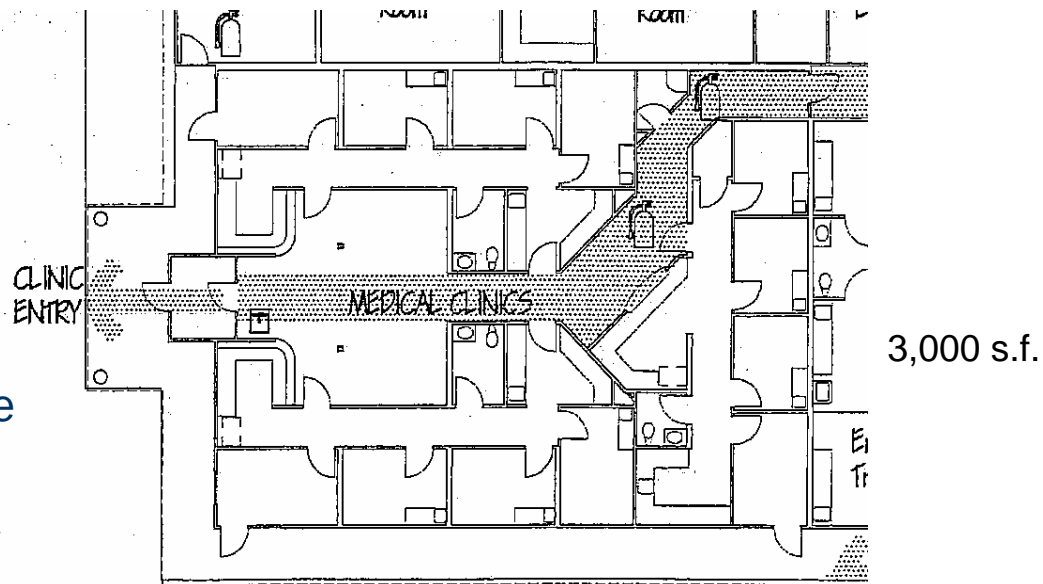


Significant Issues:

Space

Poorly laid out for
services being
provided

Marginal for use as
“refuge area” in case
of fire.



Service & Facility Gaps

Behavioral Services

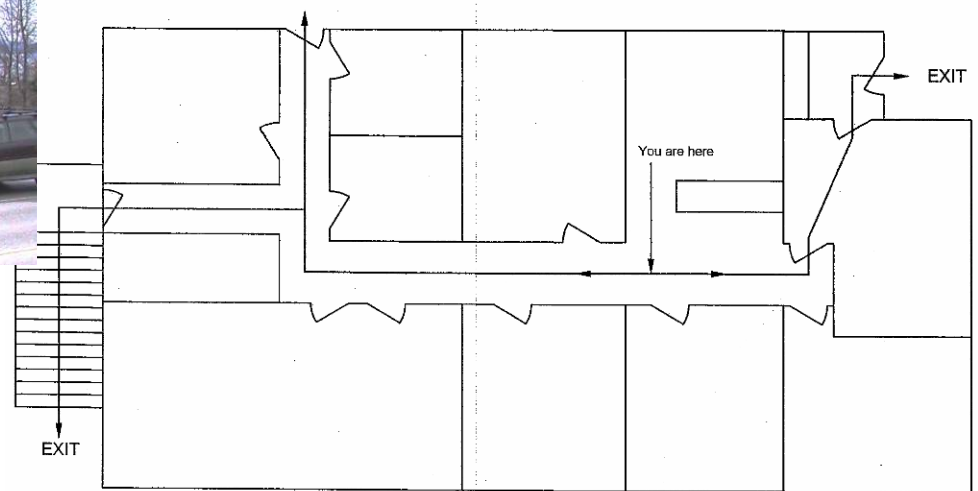
Space configuration not optimal for behavioral therapy needs and administrative needs

2,500 sf of space is unfinished



Wrangell Mental Health Facility Assessment

2,650 s.f. 1st floor
5,000 s.f. total



Wrangell Mental Health Facility Assessment (con't)

Upper floor only occupied space

- Building relatively new with an expected 30 year life.

- Heating system control not standard

2,500 s.f. is available to be developed in the basement.

- Will require a complete build out of walls, ventilation system and electrical systems.

- Cannot be programmatically connected to the services on the first floor without putting in an elevator.

Service & Facility Gaps

Senior & Disability Services Alaska Crossings

Building donated to AICS

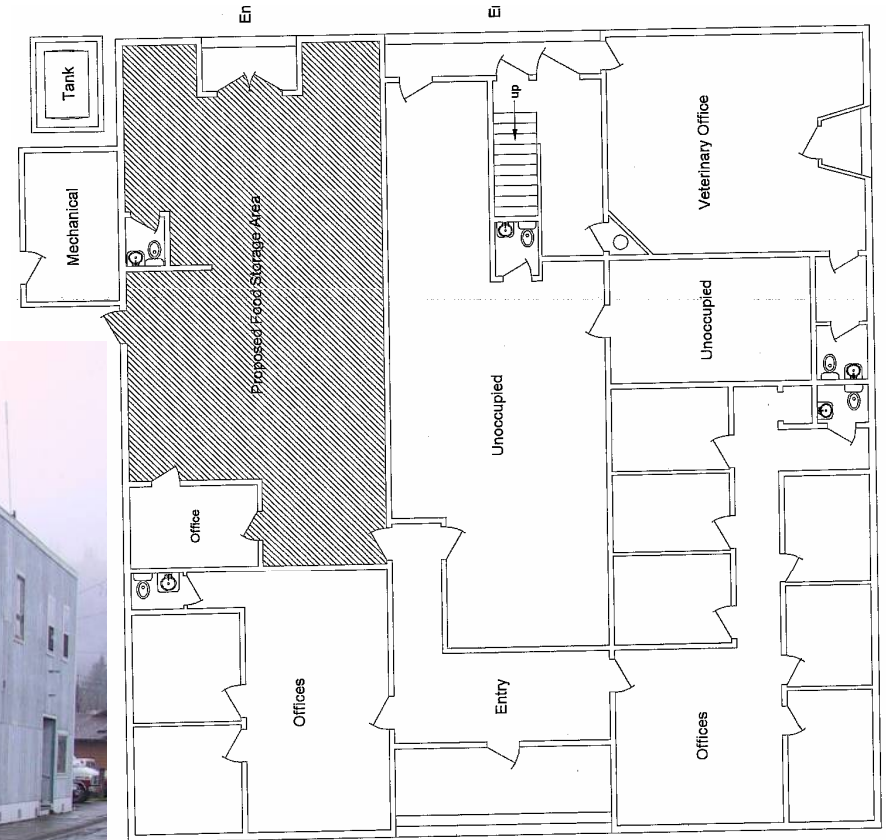
Major renovations required to bring
space up to basic standards

Majority of space currently not used



AICS Manda Building

10,360 s.f.



AICS Manda Building (con't)

Just can't say enough about this building. Truly an opportunity!

The foundation is in good shape

Many code deficiencies and life safety issues need to be resolved

If not demolished, would require a complete renovation of the interior walls, heating, plumbing and electrical systems.

Lot setbacks and parking will have to be resolved to make this a functional building



AICS Crossings Supply



Leased space

Bulging at the seams

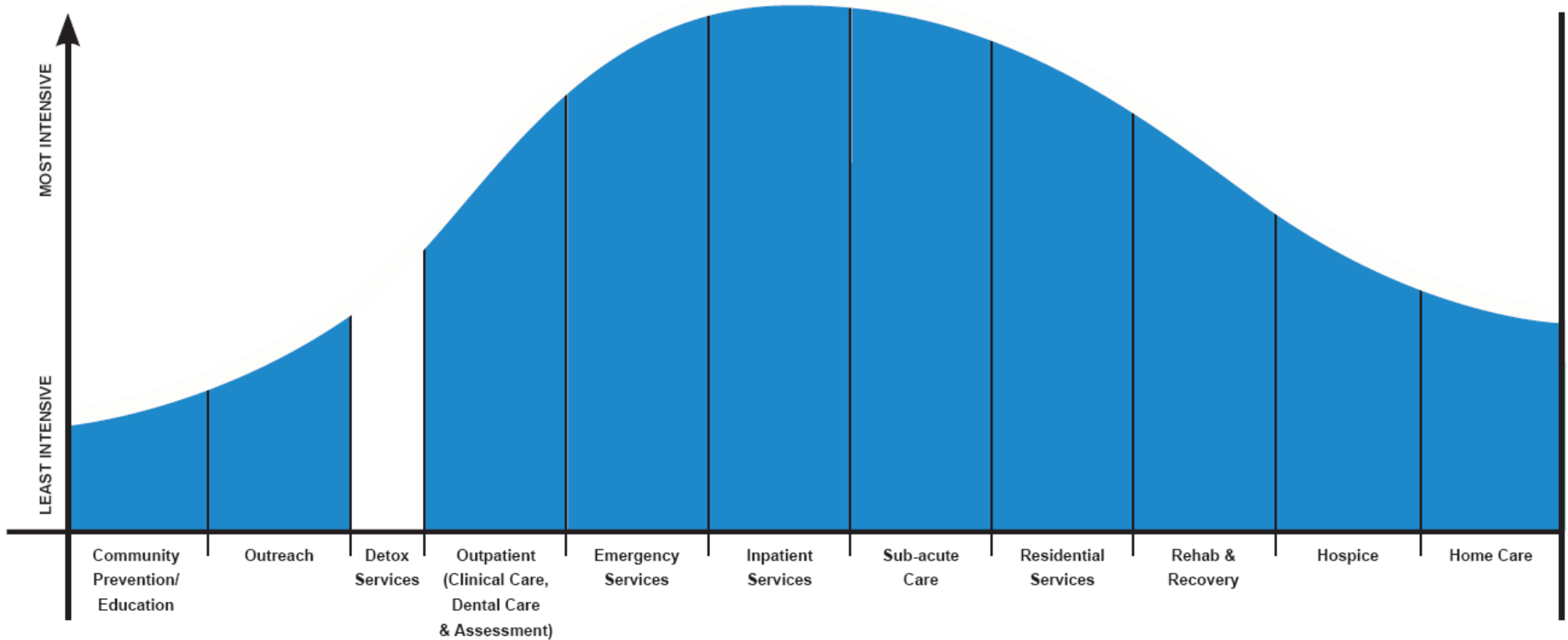
Doesn't meet all program requirements
for food handling

2,100 s.f.



Regional Assessment

WRANGELL HEALTH SERVICES CONTINUUM OF CARE



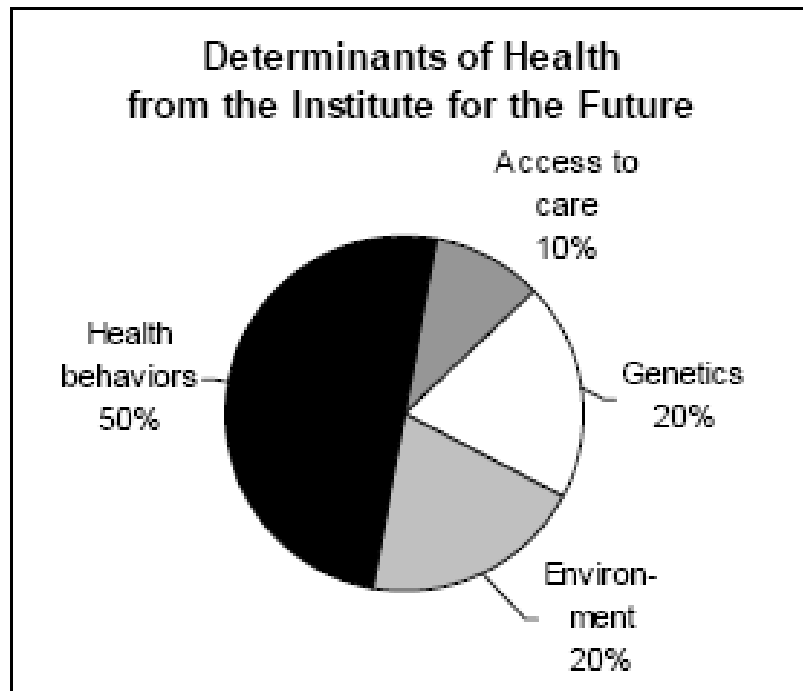
Wide array of services for a small community!

■ Service Provided
□ Service Not Provided

Regional Assessment

Community Prevention & Education

Healthy behaviors and wellness can be attributed to longer and healthier lives!



Health education offered through Public Health Nurse
Currently 2 staff members
Limitations on service provision exists

Healthy Alaskans 2010

Targets and Strategies for Improved Health

1. Physical Activity and Fitness

Goal: Improve health, fitness, and quality of life through daily physical activity.

2. Nutrition and Overweight

Goal: Promote health and reduce chronic disease associated with diet and weight.

3. Tobacco Use

Goal: Reduce illness, disability, and death related to tobacco use and exposure to secondhand smoke.

4. Substance Abuse

Goal: Reduce substance abuse to protect the health, safety, and quality of life for all, especially children.

5. Mental Health

Goal: Improve mental health and ensure access to appropriate, quality mental health services.

6. Education and Community Based Programs

Goal: Increase the quality, availability, and effectiveness of educational and community-based programs designed to prevent disease and improve health and quality of life.

7. Health Communication

Goal: Use communication strategically to improve and protect health.

Regional Assessment

Outreach

AICS Provides services to remote communities, not accessible by land where primary health care is absent

Usage in communities inhibited by lack of dedicated health care facility space

Primary care usage	Visits	Population	(visits per year by population)	
			Usage	
Point Baker	15	35	0.43	State average for outpatient care is 3.7
Whale Pass	12	58	0.21	
Port Protection	2	63	0.03	
Naukati	20	135	0.15	
Coffman Cove	76	199	0.38	
Edna Bay	19	49	0.39	

Regional Assessment

Outreach

Rural residents also lack access to other services that promote good health:

exercise facilities

healthful foods in grocery stores

smoking cessation programs

Regional Assessment

Detox

Drug & Alcohol supported living or home based services are not provided in Wrangell

Additional Inpatient Medical Detox needed in Region: high level of monitoring, high risk biomedical complications, psychiatric or behavioral complications

Rates taken from 'Summary of recommendations for health infrastructure need standards and guidelines' July 2004
State of Alaska, Dept. of Health & Social Services

	YR 2005	YR 2015
10% of adults over 18 are substance abusers	138	114
only 20% seek help	29	23

Count of patients seeking substance abuse services in Wrangell 50 Higher than state average

High usage of out patient substance abuse programs, suggests better access to detox services needed for Wrangell population

Regional Assessment

Outpatient Care

Usage rates for outpatient care slightly lower than national and state averages.

Some patients get care outside of Wrangell

	Visits per population
Wrangell	3.0
Anchorage Service Area	3.8
National Average	3.7

Regional Assessment

Outpatient Care

Gaps in the number of visits for the Wrangell population exists

Gap Analysis

Typical average usage rate (bench mark)	3.7
Wrangell population	1974
Total visits needed to meet demand using benchmark	7300
Current visits	6000
Gap in Wrangell for Outpatient visits	1300

Additional physician scheduled to start this summer!

Regional Assessment

Outpatient Care

Table 1: Forecast of the 5 Fastest Growing Service Categories by Utilization, 2005-2025

Medicaid Service	Calendar Year					Average Annual % Change (2005-2025)	Rank by Avg. Annual % Change
	2005	2010	2015	2020	2025		
Personal Care	5,029	8,626	14,587	23,617	35,311	9.7%	1
HCB Waiver	4,167	7,004	11,428	17,686	25,263	9.0%	2
Residential Psych./BRS	1,227	1,898	2,766	3,889	5,319	7.3%	3
Therapy/Rehabilitation	9,949	15,240	22,242	31,135	41,529	7.1%	4
Vision	24,288	35,006	47,669	61,614	75,190	5.7%	5
Unduplicated Count of Medicaid Recipients	113,953	130,047	141,184	148,117	150,743	1.4%	NA
Unduplicated Count of Medicaid Enrollees	132,344	151,036	163,971	172,022	175,073	1.4%	NA

Source: Lewin Group & ECONorthwest analysis of Alaska Department of Health and Social Services data.

Note: In this analysis we define service utilization as the annual unduplicated count of persons who used a particular Medicaid service during the fiscal year

- AICS provides homecare using HCB waivers- gap exists in providing service to target population
- No residential Psych offered in Wrangell, referrals to Petersburg
- Therapy & Rehab- youth behavioral rehab provided for, gap exists for physical therapy facilities which limits service provision
- Vision- gap exists for facilities which limits service provision

Regional Assessment

Outpatient Care- BH Services

Rates taken from 'Summary of recommendations for health infrastructure need standards and guidelines' July 2004
State of Alaska, Dept. of Health & Social Services

	YR 2005	YR 2015
6.2% of people 18-54 are seriously mentally ill	59	50
3.9% of adults over 55 are seriously mentally ill	17	24
10% of children 0-17 have serious emotional disorders	58	36
	134	110

Count of patients seeking behavioral health services in Wrangell	185	Higher than state average
--	-----	---------------------------

Behavioral Health services in Wrangell are highly utilized!

Regional Assessment

Emergency Services

	Alaska	Wrangell
	per 1000 population	per 1000 population
Emergency Visits	329	558

Higher than average ER visits

EMERGENCY DEPT	Volumes
Rule of thumb	1 room per 1500 vists
Current visits	1100

Rule of thumb suggests one trauma room adequate for Wrangell population, However, back up needed given ER volumes.

Regional Assessment

In-patient Services - Acute Care

	Alaska	Wrangell
	per 1000 population	per 1000 population
Beds	2.2	4.0
Admissions	71	85
Patient Days	443	209
ALOS	6.2	2.5
Occupancy	54%	*27%

*Includes swing bed usage

Beds have capacity!

	Bed Needs
Alaska Beds/1000	2.2
Total Bed Needs for Wrangell (using benchmark)	4
Existing beds	8
Surplus or Deficit	(4)

Surplus of 4 beds when compared to bench mark

Regional Assessment

In-patient Services - Acute Care

	Alaska	Wrangell
	per 1000 population	per 1000 population
fte personnel RN	3.3	5.4
fte per occupied bed	10.32	4
nursing hours per patient	15.4	9.4
%RN to total ftes	26%	37%

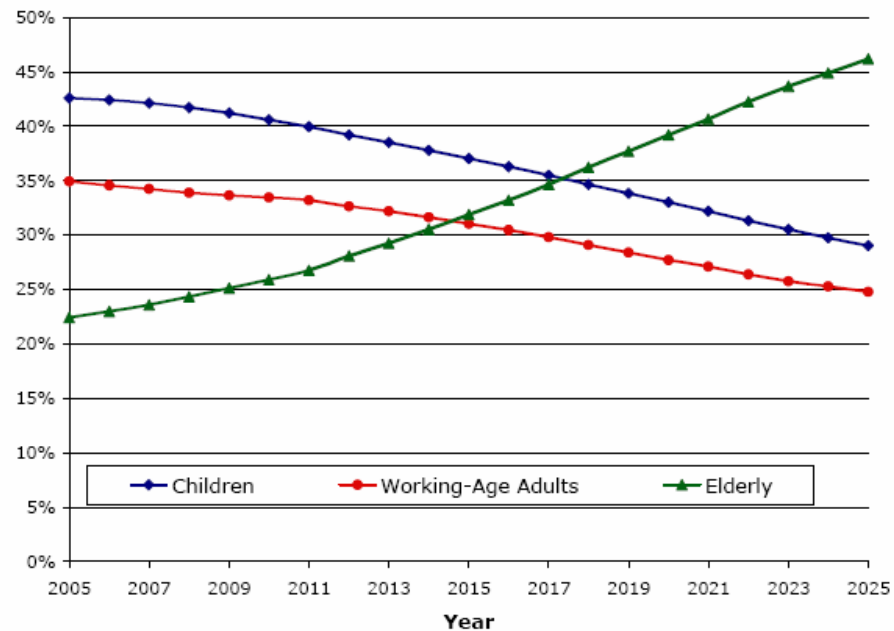
Staffing numbers suggest, nursing shortage is not affecting Wrangell as severely as the rest of the state

Regional Assessment

In-patient Services – Long term care needs

Figure 1: Spending on Elderly will Surpass Spending on Other Age Groups by 2018

Forecasted Proportion of Total Spending on Medicaid Claims by Age Group, 2005-2025



Source: Lewin Group & ECONorthwest analysis of Alaska Department of Health and Social Services data.
Note: Spending projections are on an incurred service basis.

- The elderly population in Alaska will almost triple between 2005 and 2025 from 43,000 to 124,000; while the child population will remain relatively stable growing only from 205,000 to 245,000 in 20 years.

Regional Assessment

In-patient Services–Long term care needs

At risk calculations for nursing home usage provided by National Center for Health Statistics

Age group	At risk rates	2000 population	demand	2015 population	demand
55-64	0.001	239	0	289	0
65-74	0.011	147	2	178	2
75-84	0.046	88	4	106	5
85+	0.192	35	7	42	8
total		509	13	616	15

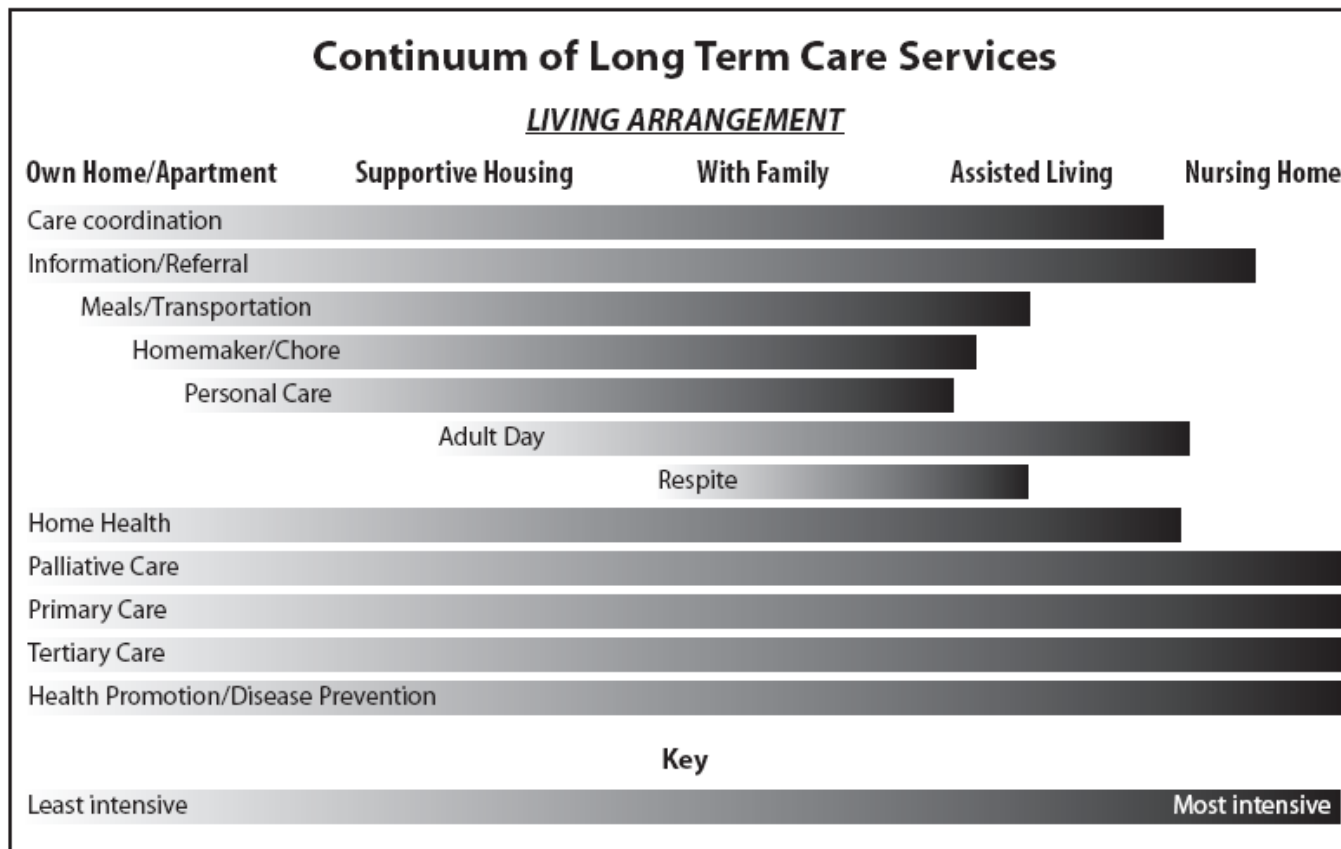
Current long term care bed supply meets demand!

Regional Assessment

In-patient Services –Long term care needs

Chart from Alaska elder care study by ANTHC

Figure 1. Continuum of LTC Services



Regional Assessment

Residential Services

Assisted living homes – 10beds in community (50% full)
Alternatives to nursing units needed - Project choice operated by AICS

Gaps exist for elders with functional limitations

At risk calculations provided by National Center for Health Statistics

Age group	At risk rates	2000 population	demand	2015 population	demand
55-64	2%	239	5	289	6
65-74	8%	147	12	178	14
75-84	20%	88	18	106	21
85+	52%	35	18	42	22
		509	52	616	63

AICS currently caters to 30 elders in Wrangell, gap suggests 52-63 elders need services!

Regional Assessment

Rehab & recovery

Facilities fall short of meeting service needs

Regional Assessment

Hospice

Provided through volunteer community service

Regional Assessment

Home Care

Senior in-home services provided by AICS through elder care and disability services

12 Wrangell residents currently enrolled in the program

3 POW residents currently enrolled in the program

Service is available for residents of Wrangell,

Petersburg/Kupreanof and northern POW

Medicare homecare also provided

Need more service providers for home care in Southeast Region.

Health Care Needs

Services & Facilities

1. Community Prevention & Education

This should be more of a focus for all providers including primary care,
Behavioral health and public health nurse
State-wide initiative important goal

2. Outreach

Additional service needs for POW islands to be assessed in more detail
Ferry impact should be observed
Increased visits by physicians may be needed as well as dedicated
health care facilities in those communities

3. Detox

Huge need for inpatient medical detox in SE Alaska,
Need for day treatment and crisis beds also

Health Care Needs

Services & Facilities

4. Outpatient Care

Additional physician needed to meet service gap

Facility upgrades needed to allow clinics to function better

(Space summary to follow)

5. Emergency Services

High volumes recorded per 1000 population

Additional shared procedure room may help meet needs

Facility upgrades for the ER needed at WMC to allow better functionality

6. Inpatient Care

Acute care-

No additional bed needs. May need to convert surplus beds to LTC

Long term care-

Beds adequate for current demand. (May need 1 add. bed in the future)

Facility upgrades and support spaces needed to bring facility up to par standards

Health Care Needs

Services & Facilities

7. Residential

10 assisted living beds available in community

Other alternatives to nursing homes need to be provided to meet needs

Additional funding and/or staff may be needed to provide these services

8. Medical Rehab & Recovery

Current facilities inadequate

Facility upgrades needed at WMC to allow better functionality

9. Hospice

Hospice provided through volunteer group

10. Home care

In home services currently provided by AICS, only 50% is being served

Huge service gap exists

Space Needs

Summary

WMC – Without growth in any departments, an addition of 11,000 bgsf is needed to be at ‘par’ sf

SPACE NEEDS	Existing	Needs	Difference
Inpatient Beds	6450	11600	-5150
OR's & Support	1500	1400	100
Imaging & Lab	1380	2200	-820
Emergency Dept	350	1100	-750
Outpatient Clinics/Visiting Physicians	480	1350	-870
Support, Admin and Other Spaces	7500	8200	-700
Sub total	17660	25850	-8190
TOTAL BGSF	23,800	34,900	(11,100)

* AICS clinics not included in space above

Space Needs

Inpatient Beds

	Existing Conditions			Assumptions	Planned to PAR SF		
	DGSF		DGSF/Total				Difference
Hospital Service	Entity	Functional Units	Square Foot/Functional Unit	PAR SF Used	Functional Units	PAR SF Needed	Existing to "Par"
<u>Inpt Beds</u>							
Acute Care	1,950	8	244	400	8	3200	(1250)
Long Term Care	4,500	14	321	600	14	8400	(3900)
Total Beds	6,450	22	293	500	22	11,600	(5150)

Space Needs

OR's

	Existing Conditions			Planned to PAR SF		
	DGSF	Functional Units	Square Foot/Functional Unit	Functional Units	PAR SF Needed	Difference
Hospital Service	Entity	Units	Unit	Units	Needed	Existing to "Par"
OR's						
OR's	600	1	600	1	600	0
Equipment storage	0	0	0	1	800	(800)
Labor & Delivery + Nursery	900	1	900	0	0	900
Total OR's & Support	1,500	3	500	2	1,400	100

Space Needs

Imaging & Lab

	Existing Conditions			Planned to PAR SF		
	DGSF		DGSF/Total			Difference
Hospital Service	Entity	Functional Units	Square Foot/Functional Unit	Functional Units	PAR SF Needed	Existing to "Par"
<u>Imaging & Lab</u>						
Ultrasound	150	1	150	1	400	(250)
Rad	250	1	250	1	600	(350)
imaging	180	1	180	1	400	(220)
Draw Station	200	1	200	1	200	0
Lab	600	1	600	1	600	0
Total Imaging	1,380	3	460	5	2,200	(820)

Space Needs

Emergency Services

	Existing Conditions			Assumptions	Planned to PAR SF		
	DGSF	Functional Units	Square Foot/Functional Unit				Difference
Hospital Service	Entity	Functional Units	Square Foot/Functional Unit	PAR SF Used	Functional Units	PAR SF Needed	Existing to "Par"
<u>Emergency Services</u>							
Emergency station	200	1	200	400	2	800	(600)
Procedure Room	150	1	150	300	1	300	(150)
Total ED Services	350	2	175	350	3	1,100	(750)

Space Needs

Outpatient Services

	Existing Conditions			Assumptions	Planned to PAR SF		
	DGSF	Functional Units	DGSF/Total Square Foot/Functional Unit				Difference
Hospital Service	Entity	Functional Units	Square Foot/Functional Unit	PAR SF Used	Functional Units	PAR SF Needed	Existing to "Par"
<u>Outpatient</u>							
Visiting clinic exam rooms + support	400	2	200	300	2	600	(200)
Physical therapy	80	1	80	400	1	400	(320)
Eye tests	0	0	0	200	1	200	(200)
Audiology Booth	0	0	0	150	1	150	(150)
Total Outpatient Clinics	480	3	160		5	1,350	(870)

Space Needs

Total WMC space needs

	Existing Conditions	Planned to PAR SF	
	DGSF	DGSF	Difference
Total Support DGSF	7,480	8,200	(720)
Total Hospital DGSF*	17,640	25,850	(8210)
Multiplier	1.35	1.35	
Total Hospital BGSF*	23,814	34,898	(11084)

* Total space does not include AICS primary care clinics

Support space includes: Administration offices, Offices, Mail, Accounting, Receiving, Lobby, Central Sterile, Kitchen, Laundry, Morgue, Medical Records, Bulk storage

Space Needs

Summary

AICS– Additional ~7,000 bgsf needed

Co-locating existing services at one facility would provide increased efficiency

SPACE NEEDS	Existing	Needs	Difference
Primary Care Clinic	3,000	5,500	-2,500
Behavioral Health & Social Services	2,500	4,600	-2,100
Senior & Dissability Offices	570	1,500	-930
Alaska Crossings Outdoors Program	1,500	2,600	-1,100
TOTAL	7,570	14,200	-6,630

Space Needs

Primary Care Clinics

Staff/Admin space needs

	<u>Positions</u>	<u>"PAR" SF</u>	<u>Total SF</u>
Physician	3	120	360
Mid-Level practitioner	1	100	100
Clinic manager	1	100	100
Billing clerks	2	80	160
Medical Assistant	3	65	195
Front end staff	2	0	0
Transcription/Medical records	2	80	160
Case Manager	1	80	80
Pharmacy technician	1	80	80
	16		1235

Program Needs

	<u>Quantity</u>	<u>"PAR" SF</u>	<u>Total SF</u>
Exam rooms	9	140	1260
Pharmacy	1	250	250
Reception area	1	180	180
Waiting area	27	12	324
Meeting w/kitchenette	1	350	350
Records storage	1	100	100
Instrument prep & cleaning	1	150	150
IT	1	120	120
Storage	1	100	100
			2834

DGSF		4069
BGSF	1.35	5493

Total space accounts for growth and provision of new spaces and services

Exam rooms increased from 6 to 9

Space Needs

Behavioral Health & Administration

<u>Staff/Admin space needs</u>	<u>Positions</u>	<u>"PAR" SF</u>	<u>Total SF</u>
Behavioral Health Therapist	5	140	700
Psychiatrist/Psychologist	1	140	140
Executive Director	1	120	120
Chief Financial Officer	1	120	120
Accounting Clerk	1	80	80
Accounts Payable Clerk	1	80	80
Receptionist	2	60	120
Case Manager	1	80	80
Technology Specialist	1	120	120
Facility Manager	1	100	100
Behavioral Technicians	5	60	300
	20		1960

<u>Program Needs</u>	<u>Quantity</u>	<u>"PAR" SF</u>	<u>Total SF</u>
Reception area	18	15	270
Meeting room w/ kitchenette	1	500	500
Activity room	1	250	250
Tele-medicine	1	120	120
Storage	1	100	100
Records storage	1	200	200
			1440

DGSF		3400
BGSF	1.35	4590

Space Needs

Senior & Disability Services

Staff/Admin space needs

	<u>Positions</u>	<u>"PAR" SF</u>	<u>Total SF</u>
Case Managers	3	100	300
Nurse	1	0	0
Care Coordinator Office	3	60	180
Behavioral Technicians	20	0	0
			<hr/> 480

Program Needs

	<u>Quantity</u>	<u>"PAR" SF</u>	<u>Total SF</u>
Reception & Waiting Area	1	400	400
Work area	1	80	80
Storage	1	80	80
			<hr/> 560

DGSF		<hr/> 1040
BGSF	1.35	<hr/> 1404 <hr/>

Space Needs

Alaska Crossings Outdoor Program

<u>Staff/Admin space needs</u>	<u>Positions</u>	<u>"PAR" SF</u>	<u>Total SF</u>
Program Director	1	120	120
Assistant Director	3	100	300
Therapist	1	100	100
Case Manager	1	80	80
Client Services Coordinator	1	80	80
In take coordinator	1	80	80
Special projects	0	100	0
Wilderness Guides	15	80	80
			<hr/> 840

<u>Program Needs</u>	<u>Quantity</u>	<u>"PAR" SF</u>	<u>Total SF</u>
Reception	1	200	200
Incident Response Room	1	150	150
Meeting room w/kitchenette	1	350	350
Storage	1	100	100
Utility/cleaning & supply room	1	150	150
			<hr/> 950

DGSF		1790
BGSF	1.35	<hr/> 2417

Space does not include storage and staging area and float house for program

Future Strategies & Costs

1. All new construction with AICS and WMC on one site
 - A) Existing site
 - B) New site
2. Renovate and build new

Future Strategies & Costs

Cost Summary (conceptual scenarios)

	Area	U/M	Today's Unit Cost	Construction Cost Today	Construction Cost Start Date	Total Project Cost Start Date
SCENARIOS						
Wrangell Medical Center - Scenario 1 (New Site)	35,234	GSF	\$579	\$20,390,000	\$23,783,000	\$37,426,000
Wrangell Medical Center - Scenario 2 (Existing Site)	35,234	GSF	\$591	\$20,810,000	\$24,273,000	\$38,560,000
Wrangell Medical Center - Scenario 3 (Renovate & Add to Existing Site)	36,500	GSF	\$413	\$15,083,000	\$18,299,000	\$30,498,000
Alaska Island Community Clinic - Scenario 1 (New Site)	14,600	GSF	\$453	\$6,618,000	\$7,719,000	\$12,209,000
Alaska Island Community Clinic - Scenario 2 (Existing Sites)	14,600	GSF	\$432	\$6,307,000	\$7,878,000	\$12,520,000

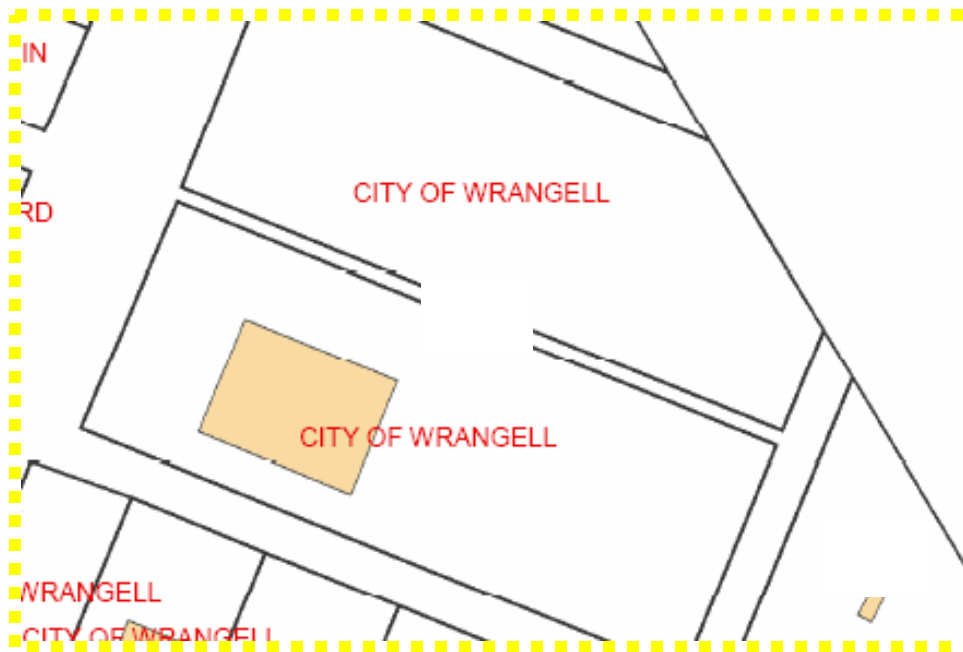
Notes and Assumptions:

This estimate assumes a rate of escalation at 8%/year to a construction start date of June 2008, and following that date, a rate of escalation at 6%/year to a construction start date of June 2010.

Future Strategies & Costs

1A. New site (not defined)

All new construction of AICS and WMC



Site should be comparable
in size to existing location

35,000 bgsf Wrangell Medical Center
15,000 bgsf AICS clinic
Surface parking

Future Strategies & Costs

COSTS – 1A All new construction on new site

Wrangell Medical Center

35,000 bgsf New facility	\$35,600,000
Parking + Site prep/utilities	\$ 1,850,000
<hr/>	
Total	\$37,450,000

Alaska Island Community Services

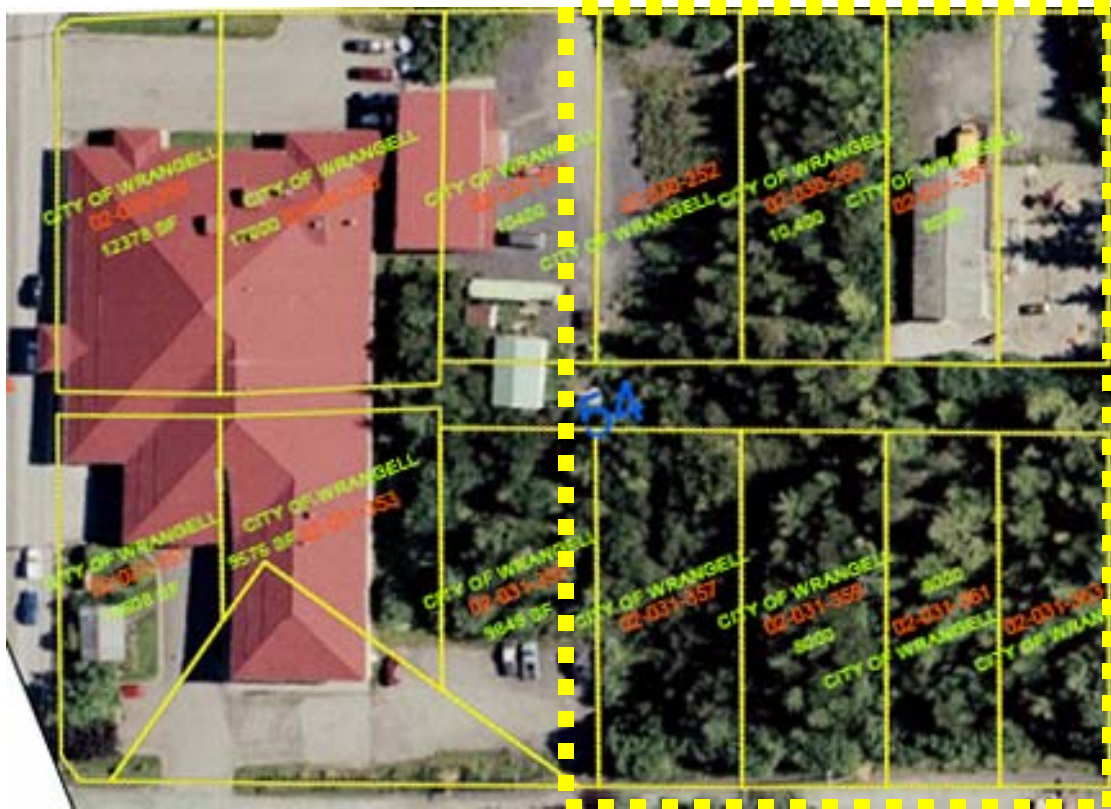
Primary Care Clinic	\$ 4,300,000
Behavioral Health & Admin	\$ 3,500,000
Alaska Crossings (office only)	\$ 2,000,000
Senior & Disability Services	\$ 1,000,000
Parking + Site prep/utilities	\$ 1,500,000
<hr/>	
Total	\$12,300,000

* All costs are in 2008 dollars⁸⁵

Future Strategies & Costs

1B. Existing site

All new construction of AICS and WMC



Available additional site for development ~70,000 sf

35,000 bgsf Wrangell Medical Center

15,000 bgsf AlCS clinic

Surface parking

Demolition of existing hospital (28,000 bgsf)

Future Strategies & Costs

COSTS – 1B All new construction on existing site

Wrangell Medical Center

35,000 bgsf New facility	\$35,600,000
Demolition of existing facility	\$ 1,200,000
Parking + Site prep/utilities	\$ 1,850,000
<hr/>	
Total	\$ 38,650,000

Alaska Island Community Services

Primary Care Clinic	\$ 4,300,000
Behavioral Health & Admin	\$ 3,500,000
Alaska Crossings (office only)	\$ 2,000,000
Senior & Disability Services	\$ 1,000,000
Parking + Site prep/utilities	\$ 1,500,000
<hr/>	
Total	\$12,300,000

* All costs are in 2008 dollars

Future Strategies & Costs

2. Renovate and build new Wrangell Medical Center

Phase 1

- Focus on expanded space for LTC
- Provide additional procedure room for ED
- Move admin or specialty clinics to existing AICS clinic location
- New mechanical systems

Phase 2

- New building for admin or specialty clinic and support

AICS

Phase 1

- Primary Care Clinic

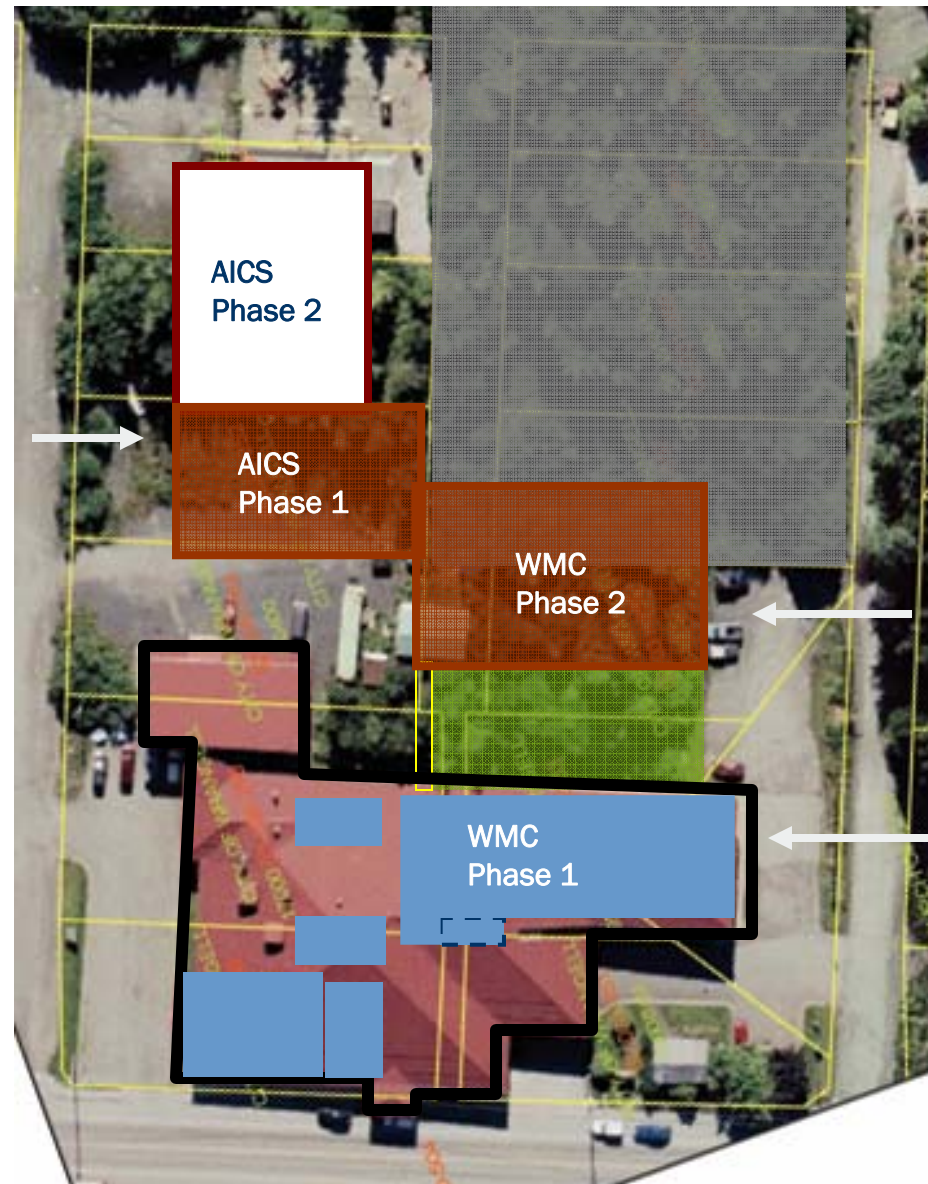
Phase 2

- BH, Admin & Elder/Disability Services
- Renovate current BH building - Crossings occupies current BH Space with staging, some storage and group activity space on lower floor

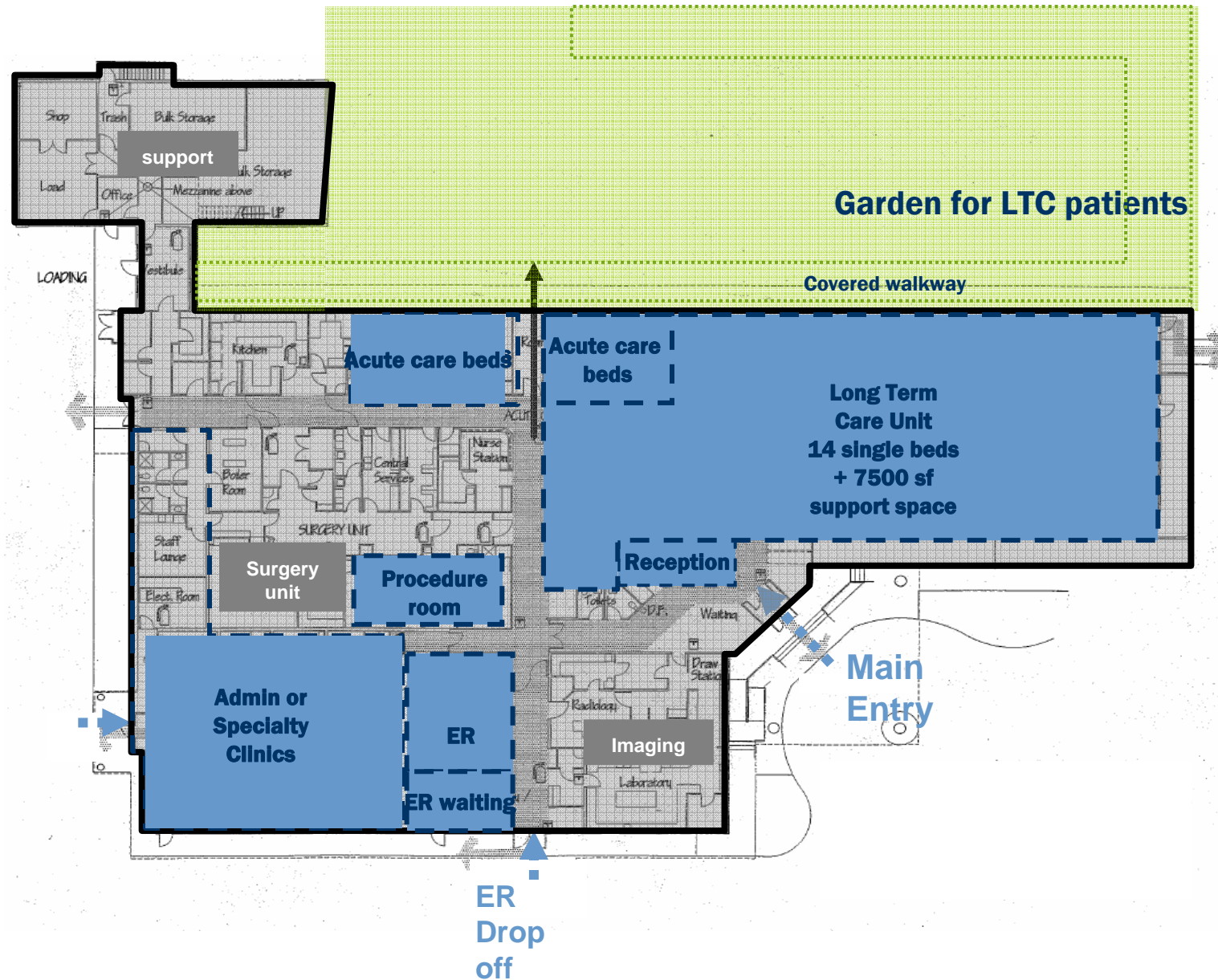
Future Strategies & Costs

An example of strategy for development

AICS new phased facility



An example of strategy for development



Future Strategies & Costs

COSTS – 2 Renovate and build new

Wrangell Medical Center

Phase 1

Renovate existing facility 28,000bgsf \$ 19,200,000

Phase 2

New addition for Admin or Specialty Clinics

& addition LTC support spaces \$ 11,300,000
\$ 30,500,000

- Phase 1 costs are in 2008 dollars
- Phase 2 costs are in 2010 dollars

Future Strategies & Costs

An example of strategy for development

AICS

Phase 1

Primary Care Clinics

Phase 2

Behavioral Health

Administration

Elder & Disability Services



Future Strategies & Costs

COSTS – 2 Renovate and build new

Alaska Island Community Services

Phase 1

Primary Care Clinics & Site work	\$ 5,300,000
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Phase 2

BH, Admin, Senior & Disability Services	\$ 5,500,000
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Light Renovation of BH building for Crossings	\$ 1,730,000
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TOTAL	\$ 5,900,000
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- Phase 1 costs are in 2008 dollars
- Phase 2 costs are in 2010 dollars

Future Strategies & Costs

New construction (existing site)

PROS

1. Consolidated health care services on one site

3. Increased collaboration for various services

Senior & Disability Services with LTC

AICS admin with primary care clinics

2. No move needed, existing location familiar to residents

3. Facility development can occur independently for each organization

CONS

1. High development costs

2. Joint master plan needed for co-locating on one site

3. Premium for soil conditions

4. Added demolition costs for existing facility

5. Resolve lease terms and land costs for AICS

Future Strategies & Costs

New construction (new site for each entity)

PROS

1. Consolidated health care services on one site

2. Increased collaboration for various services

Senior & Disability Services with LTC

AICS admin with primary care clinics

3. Facility development can occur independently for each organization

**4. All needs met in a single step with minimal construction
disruptions to existing services**

5. Sale of existing assets could offset costs

CONS

1. High development costs

2. Land acquisition may be costly

Future Strategies & Costs

Renovate & Build New

PROS

- 1. No acquisition of land needed**
- 2. Increased collaboration for various services**

Senior & Disability Services with LTC

AICS admin with primary care clinics

Shared support spaces btwn both organizations

CONS

- 1. Phasing requires interdependency of both groups**
- 2. Additional development timeline might impact costs**
- 3. Disruption of existing services during renovations**

Next Steps

Continue with programming and planning efforts
Complete detailed master plan and site use plan
Pursue funding

Project Cost Estimate

Development Scenarios



223 Yale Avenue North
Seattle, Washington 98109 (206) 223-5555

Project Cost Estimate Summary

Job Name: **Wrangell Medical Center - Scenario 1 (New Site)**
Wrangell, Alaska

☒ Order of Magnitude ☐ Schematic Design
☐ Design Development ☐ Construction Documents

Prepared By: Whorton

Current Date: 11-Jul-06

Start Date: **Jun-08**

	Area	U/M	Today's Unit Cost	Construction Cost Today	Construction Cost Start Date	Total Project Cost Start Date
SCENARIOS						
Wrangell Medical Center - Scenario 1 (New Site)	35,234	GSF	\$579	\$20,390,000	\$23,783,000	\$37,426,000
Wrangell Medical Center - Scenario 2 (Existing Site)	35,234	GSF	\$591	\$20,810,000	\$24,273,000	\$38,560,000
Wrangell Medical Center - Scenario 3 (Renovate & Add to Existing Site)	36,500	GSF	\$413	\$15,083,000	\$18,299,000	\$30,498,000
Alaska Island Community Clinic - Scenario 1 (New Site)	14,600	GSF	\$453	\$6,618,000	\$7,719,000	\$12,209,000
Alaska Island Community Clinic - Scenario 2 (Existing Sites)	14,600	GSF	\$432	\$6,307,000	\$7,878,000	\$12,520,000

Notes and Assumptions:

This estimate assumes a rate of escalation at 8%/year to a construction start date of June 2008, and following that date, a rate of escalation at 6%/year to a construction start date of June 2010.

The general contract will be negotiated, and subcontracts to be competitively bid.

Allowances have been made for 'Soft Costs' including FF&E that need to be verified by owner.

Exclusions:

Escalation due to Volatile Market Conditions
Primary Infrastructure upgrades to the existing facilities
Contaminated Soils Removal
Items listed as NIC
Owner's Administration
Performance & Payment Bonds
Market Studies
Land Cost
Legal Fees



223 Yale Avenue North
Seattle, Washington 98109 (206) 223-5555

**Project Cost
Estimate Summary**

Job Name: **Wrangell Medical Center - Scenario 1 (New Site)**
Wrangell, Alaska

☒ Order of Magnitude ☐ Schematic Design Prepared By: Whorton
☐ Design Development ☐ Constr. Documents Current Date: 11-Jul-06
Total GSF **35,234** Start Date: **Jun-08**

			Unit Cost	New Construction	Renovation	Shell Space	Demolition	Total Const.	Total Escal.
				Cost	Cost	Cost	Cost	Cost	Project Cost
New Construction									
Special Foundations Premium (Bog) - Allowance	35,234	GSF	20.00	700,000				700,000	1,284,855
Inpatient Beds - 8 Acute Care Beds	4,320	GSF	545	2,350,000				2,350,000	4,313,443
Inpatient Beds - 14 Long Term Care Beds	11,340	GSF	545	6,180,000				6,180,000	11,343,437
D&T	8,168	GSF	615	5,020,000				5,020,000	9,214,248
Admin & Support	11,406	GSF	450	5,130,000				5,130,000	9,416,154
Subtotal New Construction	35,234	GSF	\$550	\$19,380,000				\$19,380,000	\$35,572,137
Renovation - Not Included									
Site work									
Existing Building Demolition - Not Included		NIC							
Site Preparation	57,000	SF	2.00	114,000				114,000	209,248
Site Improvements (includes 60 Parking stalls)	22,000	SF	18.00	396,000				396,000	726,861
Site Utilities - Allowance	1	LS	500,000	500,000				500,000	917,754
Relocaton of Existing Utilities - Not Included		NIC							
Off-Site Improvements / Mitigation - Not Included		NIC							
Subtotal Site Work	57,000	SF	\$18	\$1,010,000				\$1,010,000	\$1,853,863
Design Contingency - Included Above									
Phasing Premium - Not Included		NIC							
Total Construction Cost	35,234	GSF	\$579	\$20,390,000	\$0	\$0	\$0	\$20,390,000	
Escalation to Construction Start Date - 8%/year	16.6%			\$3,393,000	\$0	\$0	\$0		
Total Const Cost with Escalation	35,234	GSF	\$675	\$23,783,000	\$0	\$0	\$0	\$23,783,000	
Construction Contingency				6.0% \$1,427,000	10.0% \$0	5.0% \$0	5.0% \$0		
Sales, Use & Other Taxes - Included above									
Total Probable Final Construction Cost				\$25,210,000	\$0	\$0	\$0	\$25,210,000	



223 Yale Avenue North
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**Project Cost
Estimate Summary**

Job Name: **Wrangell Medical Center - Scenario 1 (New Site)**
Wrangell, Alaska

☒ Order of Magnitude ☐ Schematic Design Prepared By: Whorton
☐ Design Development ☐ Constr. Documents Current Date: 11-Jul-06
Total GSF **35,234** Start Date: **Jun-08**

				New Construction		Renovation		Shell Space		Demolition		Total Const.	Total Escal.
Unit Cost					Cost		Cost		Cost		Cost	Cost	Project Cost
Furniture and Equipment													
Major Movable Equipment - Allowance				15.0%	\$3,567,000	10.0%	\$0	0.0%	\$0	0.0%	\$0		
Technology				5.0%	\$1,189,000	5.0%	\$0	0.0%	\$0	0.0%	\$0		
Furniture, Furnishings - Allowance				\$20/sf	\$705,000	4.0%	\$0	0.0%	\$0	0.0%	\$0		
Office and Computer Equipment - Not Included													
Design and Management													
A/E Fees				12.0%	\$2,854,000	15.0%	\$0	8.0%	\$0	3.0%	\$0		
Special Consultants				4.0%	\$951,000	4.0%	\$0	2.0%	\$0	0.0%	\$0		
Project Management				3.0%	\$713,000	3.0%	\$0	3.0%	\$0	0.0%	\$0		
Testing Inspection and Balancing				1.0%	\$238,000	1.0%	\$0	1.0%	\$0	1.0%	\$0		
Market Studies				0.0%	\$0	0.0%	\$0	0.0%	\$0	0.0%	\$0		
Owner's Administration				0.0%	\$0	0.0%	\$0	0.0%	\$0	0.0%	\$0		
Surveys and/or As-Built Verification				0.2%	\$48,000	0.2%	\$0	0.2%	\$0	0.0%	\$0		
Soils				0.2%	\$48,000	0.0%	\$0	0.2%	\$0	0.0%	\$0		
Contingencies													
General Owner's Contingency				5.0%	\$1,189,000	5.0%	\$0	5.0%	\$0	6.0%	\$0		
Miscellaneous Project Costs													
Insurance				1.0%	\$238,000	1.0%	\$0	1.0%	\$0	1.0%	\$0		
Permits				2.0%	\$476,000	2.0%	\$0	2.0%	\$0	1.0%	\$0		
Other													
Hazardous Material Abatement - Not Included													
Total Probable Final Project Cost					\$37,426,000		\$0		\$0		\$0	\$37,426,000	\$37,426,000



223 Yale Avenue North
Seattle, Washington 98109 (206) 223-5555

**Project Cost
Estimate Summary**

Job Name: **Wrangell Medical Center - Scenario 2 (Existing Site)**
Wrangell, Alaska

☒ Order of Magnitude ☐ Schematic Design Prepared By: Whorton
☐ Design Development ☐ Constr. Documents Current Date: 11-Jul-06
Total GSF **35,234** Start Date: **Jun-08**

				New Construction		Renovation		Shell Space		Demolition		Total Const.	Total Escal.
			Unit Cost		Cost		Cost		Cost		Cost	Cost	Project Cost
New Construction													
Special Foundations Premium (Bog) - Allowance	35,234	GSF	20.00		700,000							700,000	1,284,855
Inpatient Beds - 8 Acute Care Beds	4,320	GSF	545		2,350,000							2,350,000	4,313,443
Inpatient Beds - 14 Long Term Care Beds	11,340	GSF	545		6,180,000							6,180,000	11,343,437
D&T	8,168	GSF	615		5,020,000							5,020,000	9,214,248
Admin & Support	11,406	GSF	450		5,130,000							5,130,000	9,416,154
Subtotal New Construction	35,234	GSF	\$550		\$19,380,000							\$19,380,000	\$35,572,137
Renovation - Not Included													
Site work													
Existing Building Demolition	28,000	SF	15.00							420,000		420,000	1,134,000
Site Preparation	57,000	SF	2.00		114,000							114,000	209,248
Site Improvements (includes 60 Parking stalls)	22,000	SF	18.00		396,000							396,000	726,861
Site Utilities - Allowance	1	LS	500,000		500,000							500,000	917,754
Relocaton of Existing Utilities - Not Included		NIC											
Off-Site Improvements / Mitigation - Not Included		NIC											
Subtotal Site Work	57,000	SF	\$18		\$1,010,000					\$420,000		\$1,430,000	\$2,987,863
Design Contingency - Included Above													
Phasing Premium - Not Included		NIC											
Total Construction Cost													
	35,234	GSF	\$591		\$20,390,000		\$0		\$0		\$420,000	\$20,810,000	
Escalation to Construction Start Date - 8%/year													
	16.6%				\$3,393,000		\$0		\$0		\$70,000		
Total Const Cost with Escalation													
	35,234	GSF	\$689		\$23,783,000		\$0		\$0		\$490,000	\$24,273,000	
Construction Contingency													
Sales, Use & Other Taxes - Included above				6.0%	\$1,427,000	10.0%	\$0	5.0%	\$0	5.0%	\$25,000		
Total Probable Final Construction Cost													
					\$25,210,000		\$0		\$0		\$515,000	\$25,725,000	



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**Project Cost
Estimate Summary**

Job Name: **Wrangell Medical Center - Scenario 2 (Existing Site)**
Wrangell, Alaska

☒ Order of Magnitude ☐ Schematic Design Prepared By: Whorton
☐ Design Development ☐ Constr. Documents Current Date: 11-Jul-06
Total GSF **35,234** Start Date: **Jun-08**

				New Construction		Renovation		Shell Space		Demolition		Total Const.	Total Escal.
					Cost		Cost		Cost		Cost	Cost	Project Cost
Unit Cost													
Furniture and Equipment													
Major Movable Equipment - Allowance				15.0%	\$3,567,000	10.0%	\$0	0.0%	\$0	0.0%	\$0		
Technology				5.0%	\$1,189,000	5.0%	\$0	0.0%	\$0	0.0%	\$0		
Furniture, Furnishings - Allowance				\$20/sf	\$705,000	4.0%	\$0	0.0%	\$0	0.0%	\$0		
Office and Computer Equipment - Not Included													
Design and Management													
A/E Fees				12.0%	\$2,854,000	15.0%	\$0	8.0%	\$0	3.0%	\$15,000		
Special Consultants				4.0%	\$951,000	4.0%	\$0	2.0%	\$0	0.0%	\$0		
Project Management				3.0%	\$713,000	3.0%	\$0	3.0%	\$0	0.0%	\$0		
Testing Inspection and Balancing				1.0%	\$238,000	1.0%	\$0	1.0%	\$0	1.0%	\$5,000		
Market Studies				0.0%	\$0	0.0%	\$0	0.0%	\$0	0.0%	\$0		
Owner's Administration				0.0%	\$0	0.0%	\$0	0.0%	\$0	0.0%	\$0		
Surveys and/or As-Built Verification				0.2%	\$48,000	0.2%	\$0	0.2%	\$0	0.0%	\$0		
Soils				0.2%	\$48,000	0.0%	\$0	0.2%	\$0	0.0%	\$0		
Contingencies													
General Owner's Contingency				5.0%	\$1,189,000	5.0%	\$0	5.0%	\$0	6.0%	\$29,000		
Miscellaneous Project Costs													
Insurance				1.0%	\$238,000	1.0%	\$0	1.0%	\$0	1.0%	\$5,000		
Permits				2.0%	\$476,000	2.0%	\$0	2.0%	\$0	1.0%	\$5,000		
Other													
Asbestos Abatement of Bldg to be Demo'd - Allow.				28,000	SF	20.00					560,000		
Contaminated Soils Removal - Not Included					NIC								
Total Probable Final Project Cost					\$37,426,000		\$0		\$0		\$1,134,000	\$38,560,000	\$38,560,000



223 Yale Avenue North
Seattle, Washington 98109 (206) 223-5555

Project Cost Estimate Summary

Job Name: **Wrangell Medical Center - Scenario 3 (Renovate and Add to Existing Site)**
Wrangell, Alaska

☒ Order of Magnitude ☐ Schematic Design Prepared By: Whorton
☐ Design Development ☐ Constr. Documents Current Date: 11-Jul-06

Total GSF **36,500**

Renovation Start Date: **Jun-08**
New/Site Start Date: **Jun-10**

			Unit Cost	New Construction Cost	Renovation Cost	Shell Space Cost	Demolition Cost	Total Const. Cost	Total Escal. Project Cost
New Construction - June 2010 Start Date									
Special Foundations Premium (Bog) - Allowance	8,500	GSF	20.00	170,000				170,000	395,104
New Specialty Clinic and Support	8,500	GSF	450	3,830,000				3,830,000	8,901,464
Subtotal New Construction	8,500	GSF	\$471	\$4,000,000				\$4,000,000	\$9,296,569
Renovation - June 2008 Start Date									
Inpatient Beds - 8 Acute Care Beds	3,105	GSF	475		1,475,000			1,475,000	2,768,286
Inpatient Beds - 14 Long Term Care Beds	10,125	GSF	475		4,809,000			4,809,000	9,025,549
ER - 3 stations	1,485	GSF	490		728,000			728,000	1,366,313
Admin	4,050	GSF	385		1,559,000			1,559,000	2,925,937
Light renovation of remaining facility	9,235	GSF	175		1,616,000			1,616,000	3,032,915
Subtotal Renovation	28,000	GSF	\$364		\$10,187,000			\$10,187,000	\$19,119,000
Site work - June 2010 Start Date									
Existing Building Demolition - Not Included		NIC							
Site Preparation	27,000	SF	2.00	54,000				54,000	125,504
Site Improvements (includes 60 Parking stalls)	19,000	SF	18.00	342,000				342,000	794,857
Site Utilities - Allowance	1	LS	500,000	500,000				500,000	1,162,071
Relocation of Existing Utilities - Not Included		NIC							
Off-Site Improvements / Mitigation - Not Included		NIC							
Subtotal Site Work	27,000	SF	\$33	\$896,000				\$896,000	\$2,082,431
Design Contingency - Included Above									
Phasing Premium - Not Included		NIC							
Total Construction Cost	36,500	GSF	\$413	\$4,896,000	\$10,187,000	\$0	\$0	\$15,083,000	
Escalation to Construction Start Date 6/2008 - 8%/yr	16.6%			\$815,000	\$1,695,000	\$0	\$0		
Escalation to Construction Start Date 6/2010 - 6%/yr	12.4%			\$706,000					
Total Const Cost with Escalation	36,500	GSF	\$501	\$6,417,000	\$11,882,000	\$0	\$0	\$18,299,000	
Construction Contingency				6.0% \$385,000	10.0% \$1,188,000	5.0% \$0	5.0% \$0		
Sales, Use & Other Taxes - Included above									
Total Probable Final Construction Cost				\$6,802,000	\$13,070,000	\$0	\$0	\$19,872,000	



223 Yale Avenue North
Seattle, Washington 98109 (206) 223-5555

**Project Cost
Estimate Summary**

Job Name: **Wrangell Medical Center - Scenario 3 (Renovate and Add to Existing Site)**
Wrangell, Alaska

☒ Order of Magnitude ☐ Schematic Design Prepared By: Whorton
☐ Design Development ☐ Constr. Documents Current Date: 11-Jul-06

Total GSF **36,500**

Renovation Start Date: **Jun-08**
New/Site Start Date: **Jun-10**

			Unit Cost	New Construction		Renovation		Shell Space		Demolition		Total Const.	Total Escal.
					Cost		Cost		Cost		Cost	Cost	Project Cost
Furniture and Equipment													
Major Movable Equipment - Allowance				15.0%	\$963,000	10.0%	\$1,188,000	0.0%	\$0	0.0%	\$0		
Technology				5.0%	\$321,000	5.0%	\$594,000	0.0%	\$0	0.0%	\$0		
Furniture, Furnishings - Allowance				\$20/sf	\$170,000	\$20/sf	\$560,000	0.0%	\$0	0.0%	\$0		
Office and Computer Equipment - Not Included													
Design and Management													
A/E Fees				12.0%	\$770,000	15.0%	\$1,782,000	8.0%	\$0	3.0%	\$0		
Special Consultants				4.0%	\$257,000	4.0%	\$475,000	2.0%	\$0	0.0%	\$0		
Project Management				3.0%	\$193,000	3.0%	\$356,000	3.0%	\$0	0.0%	\$0		
Testing Inspection and Balancing				1.0%	\$64,000	1.0%	\$119,000	1.0%	\$0	1.0%	\$0		
Market Studies				0.0%	\$0	0.0%	\$0	0.0%	\$0	0.0%	\$0		
Owner's Administration				0.0%	\$0	0.0%	\$0	0.0%	\$0	0.0%	\$0		
Surveys and/or As-Built Verification				0.2%	\$13,000	0.2%	\$24,000	0.2%	\$0	0.0%	\$0		
Soils				0.2%	\$13,000	0.0%	\$0	0.2%	\$0	0.0%	\$0		
Contingencies													
General Owner's Contingency				5.0%	\$321,000	5.0%	\$594,000	5.0%	\$0	6.0%	\$0		
Miscellaneous Project Costs													
Insurance				1.0%	\$64,000	1.0%	\$119,000	1.0%	\$0	1.0%	\$0		
Permits				2.0%	\$128,000	2.0%	\$238,000	2.0%	\$0	1.0%	\$0		
Other													
Asbestos Abatement of Renovation Areas - Allow.	28,000	SF	45.00		1,300,000								
Contaminated Soils Removal - Not Included		NIC											
Total Probable Final Project Cost					\$11,379,000		\$19,119,000		\$0		\$0	\$30,498,000	\$30,498,000



223 Yale Avenue North
Seattle, Washington 98109 (206) 223-5555

Project Cost Estimate Summary

Job Name: **Alaska Island Community Clinic - Scenario 1 (New Site)**
Wrangell, Alaska

☒ Order of Magnitude ☐ Schematic Design Prepared By: Whorton
☐ Design Development ☐ Constr. Documents Current Date: 11-Jul-06
Total GSF **14,600** Start Date: **Jun-08**

			Unit Cost	New Construction		Renovation		Shell Space		Demolition		Total Const.	Total Escal.
					Cost		Cost		Cost		Cost	Cost	Project Cost
New Construction													
Special Foundations Premium (Bog) - Allowance	14,600	GSF	20.00		290,000							290,000	534,997
Exam Rooms (9) - Primary Care Clinic	1,744	GSF	465		810,000							810,000	1,494,302
Support Staff - Primary Care Clinic	3,756	GSF	405		1,520,000							1,520,000	2,804,122
Behavioral Health Spaces	2,841	GSF	435		1,240,000							1,240,000	2,287,573
Admin & Support - BHSS	1,759	GSF	375		660,000							660,000	1,217,579
Office Functions - Senior & Disability Offices	1,500	GSF	355		530,000							530,000	977,753
Office Functions - Alaska Crossings Outdoors Progra	3,000	GSF	355		1,070,000							1,070,000	1,973,954
Subtotal New Construction	14,600	GSF	\$419		\$6,120,000							\$6,120,000	\$11,290,281
Renovation - Not Included													
Site work													
Existing Building Demolition - Not Included		NIC											
Site Preparation	25,000	SF	2.00		50,000							50,000	92,241
Site Improvements - 30 Stall Parking	11,000	SF	18.00		198,000							198,000	365,274
Site Utilities - Allowance	1	LS	250,000		250,000							250,000	461,204
Relocaton of Existing Utilities - Not Included		NIC											
Off-Site Improvements / Mitigation - Not Included		NIC											
Subtotal Site Work	25,000	SF	\$20		\$498,000							\$498,000	\$918,719
Design Contingency - Included Above													
Phasing Premium - Not Included		NIC											
Total Construction Cost	14,600	GSF	\$453		\$6,618,000		\$0		\$0		\$0	\$6,618,000	
Escalation to Construction Start Date - 8%/year													
	16.6%				\$1,101,000		\$0		\$0		\$0		
Total Const Cost with Escalation	14,600	GSF	\$529		\$7,719,000		\$0		\$0		\$0	\$7,719,000	
Construction Contingency													
Sales, Use & Other Taxes - Included above				6.0%	\$463,000	10.0%	\$0	5.0%	\$0	5.0%	\$0		
Total Probable Final Construction Cost													
					\$8,182,000		\$0		\$0		\$0	\$8,182,000	



223 Yale Avenue North
Seattle, Washington 98109 (206) 223-5555

**Project Cost
Estimate Summary**

Job Name: **Alaska Island Community Clinic - Scenario 1 (New Site)**
Wrangell, Alaska

☒ Order of Magnitude ☐ Schematic Design Prepared By: Whorton
☐ Design Development ☐ Constr. Documents Current Date: 11-Jul-06
Total GSF **14,600** Start Date: **Jun-08**

	Unit Cost	New Construction		Renovation		Shell Space		Demolition		Total Const.	Total Escal.
			Cost		Cost		Cost		Cost	Cost	Project Cost
Furniture and Equipment											
Major Movable Equipment - Allowance		15.0%	\$1,158,000	10.0%	\$0	0.0%	\$0	0.0%	\$0		
Technology		5.0%	\$386,000	5.0%	\$0	0.0%	\$0	0.0%	\$0		
Furniture, Furnishings - Allowance		\$20/sf	\$292,000	4.0%	\$0	0.0%	\$0	0.0%	\$0		
Office and Computer Equipment - Not Included											
Design and Management											
A/E Fees		12.0%	\$926,000	15.0%	\$0	8.0%	\$0	3.0%	\$0		
Special Consultants		4.0%	\$309,000	4.0%	\$0	2.0%	\$0	0.0%	\$0		
Project Management		3.0%	\$232,000	3.0%	\$0	3.0%	\$0	0.0%	\$0		
Testing Inspection and Balancing		1.0%	\$77,000	1.0%	\$0	1.0%	\$0	1.0%	\$0		
Market Studies		0.0%	\$0	0.0%	\$0	0.0%	\$0	0.0%	\$0		
Owner's Administration		0.0%	\$0	0.0%	\$0	0.0%	\$0	0.0%	\$0		
Surveys and/or As-Built Verification		0.2%	\$15,000	0.2%	\$0	0.2%	\$0	0.0%	\$0		
Soils		0.2%	\$15,000	0.0%	\$0	0.2%	\$0	0.0%	\$0		
Contingencies											
General Owner's Contingency		5.0%	\$386,000	5.0%	\$0	5.0%	\$0	6.0%	\$0		
Miscellaneous Project Costs											
Insurance		1.0%	\$77,000	1.0%	\$0	1.0%	\$0	1.0%	\$0		
Permits		2.0%	\$154,000	2.0%	\$0	2.0%	\$0	1.0%	\$0		
Other											
Hazardous Material Abatement - Not Included	NIC										
Total Probable Final Project Cost			\$12,209,000		\$0		\$0		\$0	\$12,209,000	\$12,209,000



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**Project Cost
Estimate Summary**

Job Name: **Alaska Island Community Clinic - Scenario 1 (New Site)**
Wrangell, Alaska

☒ Order of Magnitude ☐ Schematic Design Prepared By: Whorton
☐ Design Development ☐ Constr. Documents Current Date: 11-Jul-06

Total GSF **14,600**

Phase 1 Start Date: **Jun-08**
Phase 2a/2b Start Date: **Jun-10**

			Unit Cost	New Construction Cost	Renovation Cost	Shell Space Cost	Demolition Cost	Total Const. Cost	Total Escal. Project Cost
<u>New Construction</u>									
Phase 1 - June 2008 Start									
Special Foundations Premium (Bog) - Allowance	5,500	GSF	20.00	110,000				110,000	216,489
Exam Rooms (9) - Primary Care Clinic	1,744	GSF	465	810,000				810,000	1,594,143
Support Staff - Primary Care Clinic	3,756	GSF	405	1,520,000				1,520,000	2,991,478
Phase 2a - June 2010 Start									
Special Foundations Premium (Bog) - Allowance	6,100	GSF	20.00	120,000				120,000	236,169
Behavioral Health Spaces	2,841	GSF	435	1,240,000				1,240,000	2,440,416
Admin & Support - BHSS	1,759	GSF	375	660,000				660,000	1,298,931
Office Functions - Senior & Disability Offices	1,500	GSF	355	530,000				530,000	1,043,081
Subtotal New Construction	11,600	GSF	\$430	\$4,990,000				\$4,990,000	\$9,820,706
<u>Renovation</u>									
Phase 2a - June 2010 Start									
Office Functions - Alaska Crossings Outdoors Program	3,000	GSF	275		825,000			825,000	1,731,000
Primary Infrastructure System Upgrades - Not Included		NIC							
Subtotal Renovation	3,000	GSF	\$275		\$825,000			\$825,000	\$1,731,000
<u>Site work</u>									
Existing Building Demolition - Not Included		NIC							
Site Preparation	22,000	SF	2.00	44,000				44,000	86,595
Site Improvements - 30 Stall Parking	11,000	SF	18.00	198,000				198,000	389,679
Site Utilities - Allowance	1	LS	250,000	250,000				250,000	492,019
Relocation of Existing Utilities - Not Included		NIC							
Off-Site Improvements / Mitigation - Not Included		NIC							
Subtotal Site Work	22,000	SF	\$22	\$492,000				\$492,000	\$968,294
Design Contingency - Included Above									
Phasing Premium - Not Included		NIC							
Total Construction Cost	14,600	GSF	\$432	\$5,482,000	\$825,000	\$0	\$0	\$6,307,000	
Escalation to Construction Start Date 6/2008 - 8%/yr	16.6%			\$912,000	\$137,000	\$0	\$0		
Escalation to Construction Start Date 6/2010 - 6%/yr	12.4%			\$403,000	\$119,000				
Total Const Cost with Escalation	14,600	GSF	\$540	\$6,797,000	\$1,081,000	\$0	\$0	\$7,878,000	
Construction Contingency				6.0% \$408,000	10.0% \$108,000	5.0% \$0	5.0% \$0		
Sales, Use & Other Taxes - Included above									
Total Probable Final Construction Cost				\$7,205,000	\$1,189,000	\$0	\$0	\$8,394,000	



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**Project Cost
Estimate Summary**

Job Name: **Alaska Island Community Clinic - Scenario 1 (New Site)**
Wrangell, Alaska

☒ Order of Magnitude ☐ Schematic Design Prepared By: Whorton
☐ Design Development ☐ Constr. Documents Current Date: 11-Jul-06

Total GSF **14,600**

Phase 1 Start Date: **Jun-08**
Phase 2a/2b Start Date: **Jun-10**

				Unit Cost	New Construction		Renovation		Shell Space		Demolition		Total Const.	Total Escal.
						Cost		Cost		Cost		Cost	Cost	Project Cost
Furniture and Equipment														
Major Movable Equipment - Allowance					15.0%	\$1,020,000	10.0%	\$108,000	0.0%	\$0	0.0%	\$0		
Technology					5.0%	\$340,000	5.0%	\$54,000	0.0%	\$0	0.0%	\$0		
Furniture, Furnishings - Allowance					\$20/sf	\$292,000	4.0%	\$43,000	0.0%	\$0	0.0%	\$0		
Office and Computer Equipment - Not Included								\$0						
Design and Management								\$0						
A/E Fees					12.0%	\$816,000	15.0%	\$162,000	8.0%	\$0	3.0%	\$0		
Special Consultants					4.0%	\$272,000	4.0%	\$43,000	2.0%	\$0	0.0%	\$0		
Project Management					3.0%	\$204,000	3.0%	\$32,000	3.0%	\$0	0.0%	\$0		
Testing Inspection and Balancing					1.0%	\$68,000	1.0%	\$11,000	1.0%	\$0	1.0%	\$0		
Market Studies					0.0%	\$0	0.0%	\$0	0.0%	\$0	0.0%	\$0		
Owner's Administration					0.0%	\$0	0.0%	\$0	0.0%	\$0	0.0%	\$0		
Surveys and/or As-Built Verification					0.2%	\$14,000	0.2%	\$2,000	0.2%	\$0	0.0%	\$0		
Soils					0.2%	\$14,000	0.0%	\$0	0.2%	\$0	0.0%	\$0		
Contingencies														
General Owner's Contingency					5.0%	\$340,000	5.0%	\$54,000	5.0%	\$0	6.0%	\$0		
Miscellaneous Project Costs														
Insurance					1.0%	\$68,000	1.0%	\$11,000	1.0%	\$0	1.0%	\$0		
Permits					2.0%	\$136,000	2.0%	\$22,000	2.0%	\$0	1.0%	\$0		
Other														
Hazardous Material Abatement - Not Included			NIC											
Total Probable Final Project Cost						\$10,789,000		\$1,731,000		\$0		\$0	\$12,520,000	\$12,520,000